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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90070 001 ***150.00

DOCUMENT # F98000002932

1. Corporation Name
TKX LOGISTICS, INC.

Principal Place of Business	Mailing Address
% THYSSEN INC. 400 RENAISSANCE CENTER, STE. 1700 DETROIT MI 48243	% THYSSEN INC. 400 RENAISSANCE CENTER, STE. 1700 DETROIT MI 48243

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 25 TKX LOGISTICS, INC. Suite, Apt. #, etc. 26 381 OSAGE DRIVE City & State 27 MAUMEE, OH Zip / Country 28 43537 30	2a. Mailing Address TKX LOGISTICS, INC. Suite, Apt. #, etc. 17401 TEN MILE ROAD City & State EASTPOINTE, MI Zip / Country 48021

3. Date Incorporated or Qualified: 05/22/1998

4. FEI Number: APPLIED FOR 52-2107657 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
CP HERING, JAMES V 400 RENAISSANCE CENTER, STE. 1700 DETROIT MI 48243	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT/DIRECTOR STE. 3900	☒ Change ☐ Addition
CV WESSLEN, JOHAN H 400 RENAISSANCE CENTER, STE. 1700 DETROIT MI 48243	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR STE. 3900	☒ Change ☐ Addition
DST GILL, A. MALCOLM 400 RENAISSANCE CENTER, STE. 1700 DETROIT MI 48243	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	 STE. 3900	☒ Change ☐ Addition
AS DUFF, DANIEL V JR. 400 RENAISSANCE CENTER, STE. 1700 DETROIT MI 48243	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	 STE. 3900	☒ Change ☐ Addition
	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or for an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 4/20/99 (813)775-7710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #