FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90947 028 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002932 FOR 2003

1. Entity Name

THYSSENKRUPP LOGISTICS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
381 OSAGE DRIVE	400 RENAISSANCE CENTER
Suite, Apt. #, etc.	Suite, Apt. #, etc. TAX DEPT.-STE. 3900
City & State: MAUMEE, OH	City & State: DETROIT, MI
Zip: 43537 Country:	Zip: 48243 Country: WAYNE

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

City: TALLAHASSEE **FL** Zip Code: 32301-2525

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P/D	TITLE	
NAME	Richard J. Greaves	NAME	
STREET ADDRESS	400 Renaissance Ctr., Ste 3900	STREET ADDRESS	
CITY - ST - ZIP	Detroit, MI 48243	CITY - ST - ZIP	
TITLE	V/D	TITLE	
NAME	James Baber	NAME	
STREET ADDRESS	381 Osage Drive	STREET ADDRESS	
CITY - ST - ZIP	Maumee, OH 43537	CITY - ST - ZIP	
TITLE	S/T/D	TITLE	
NAME	A. Malcolm Gill	NAME	
STREET ADDRESS	400 Renaissance Ctr., Ste 3900	STREET ADDRESS	
CITY - ST - ZIP	Detroit, MI 48243	CITY - ST - ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE	Asst. Secretary	TITLE	
NAME	Daniel V. Duff, Jr.	NAME	
STREET ADDRESS	400 Renaissance Ctr., Ste 3900	STREET ADDRESS	
CITY - ST - ZIP	Detroit, MI 48243	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CR2E034B (12/02)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: A. Malcolm Gill A. MALCOLM GILL 4/8/03 (313) 566-7443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1