2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# F98000005218

Entity Name: CROWLEY LOGISTICS, INC.

Current Principal Place of Business:

9487 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

9487 REGENCY SQUARE BLVD.
C/O BRUCE LOVE
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 94-3300399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DCOB	( ) Delete
Name:	CROWLEY, THOMAS B JR	
Address:	9487 REGENCY SQUARE BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	DAS	( ) Delete
Name:	MEAD, ARTHUR F III	
Address:	9487 REGENCY SQUARE BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	SVPD	( ) Delete
Name:	SCHEPEN, RINUS	
Address:	9487 REGENCY SQUARE BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	VPT	( ) Delete
Name:	WARNER, DAN M	
Address:	9487 REGENCY SQUARE BLVD	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	SEC	( ) Delete
Name:	LOVE, BRUCE	
Address:	9487 REGENCY SQUARE BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	CCO	( ) Delete
Name:	BUSTAMANTE, CHRIS	
Address:	9950 NW 17TH STREET	
City-St-Zip:	MIAMI, FL 33166	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SVPD	(X) Change ( ) Addition
Name:	COLLAR, STEVE	
Address:	9487 REGENCY SQUARE BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE LOVE SEC 04/22/2009

Electronic Signature of Signing Officer or Director — Date