

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000009108

Entity Name: BARRETTE LOGISTICS, INC.**Current Principal Place of Business:**7830 FREEWAY CIRCLE
MIDDLEBURG HEIGHTS, OH 44130**Current Mailing Address:**7830 FREEWAY CIRCLE
MIDDLEBURG HEIGHTS, OH 44130 US**FEI Number:** 46-4983366**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title	ASST. SECRETARY
Name	TOOLAN, DAVID M
Address	900 ASHWOOD PARKWAY SUITE 600
City-State-Zip:	ATLANTA GA 30338

Title	SECRETARY, TREASURER
Name	MCGOWAN, DEBORAH
Address	7830 FREEWAY CIRCLE
City-State-Zip:	MIDDLEBURG HEIGHTS OH 44130

Title	PRESIDENT
Name	O'NEILL, KEN
Address	400 PERIMETER CENTER TERRACE SUITE 1000
City-State-Zip:	ATLANTA GA 30346

Title	DIRECTOR
Name	MORRISSEY, SILE
Address	400 PERIMETER CENTER TERRACE SUITE 1000
City-State-Zip:	ATLANTA GA 30348

Title	DIRECTOR
Name	ORTMAN, TIMOTHY
Address	400 PERIMETER CENTER TERRACE SUITE 1000
City-State-Zip:	ATLANTA GA 30346

I hereby 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 all other like empowered.

SIGNATURE: DAVID M TOOLAN

ASST SECRETARY

04/30/2024

Electronic Signature of Signing Officer/Director Detail_____
Date