

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000050414

Entity Name: COGISTICS, INC.**Current Principal Place of Business:**2525 DRANE FIELD ROAD
STE 25
LAKELAND, FL 33811**Current Mailing Address:**2525 DRANE FIELD ROAD
STE 25
LAKELAND, FL 33811**FEI Number:** 38-2971655**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OBERHOFER, RAYMOND A
2525 DRANE FIELD
STE 25
LAKELAND, FL 33811 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 TREASURER, SECRETARY,
 DIRECTOR
Name OBERHOFER, RAYMOND A
Address 795 WHISPER WOODS DRIVE
City-State-Zip: LAKELAND FL 33813

Title VP, DIRECTOR
Name OBERHOFER, JOHN C
Address 5071 WINDOVER LANE
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR
Name LESLIE, CATHY L
Address 5219 HIGHLANDS LAKEVIEW LOOP
City-State-Zip: LAKELAND FL 33812

Title PRESIDENT, DIRECTOR
Name OBERHOFFER, MARIE
Address 795 WHISPER WOODS DRIVE
City-State-Zip: LAKELAND FL 33813

Title VP, DIRECTOR
Name BERQUIST, ROBERT
Address 515 QUAIL HOLLOW COURT
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR
Name SCHAAL, LISA M
Address 6870 CRESCENT OAKS CIRCLE
City-State-Zip: LAKELAND FL 33813

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: RAYMOND A. OBERHOFER**SECRETARY****02/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date