

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000005120

**Entity Name:** CARDINAL LOGISTICS MANAGEMENT CORPORATION

**Current Principal Place of Business:**

5333 DAVIDSON HIGHWAY  
CONCORD, NC 28027

**Current Mailing Address:**

5333 DAVIDSON HIGHWAY  
CONCORD, NC 28027

**FEI Number: 56-1271090**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            CEO  
Name            HOSTETLER, THOMAS  
Address        5333 DAVIDSON HIGHWAY  
City-State-Zip: CONCORD NC 28027

Title            VP  
Name            WHITTEN, KIMMY G  
Address        5333 DAVIDSON HIGHWAY  
City-State-Zip: CONCORD NC 28027

Title            T  
Name            ROBERTS, MICHAEL  
Address        5333 DAVIDSON HIGHWAY  
City-State-Zip: CONCORD NC 28027

Title            P  
Name            BOWMAN, JERRY  
Address        5333 DAVIDSON HWY  
City-State-Zip: CONCORD NC 28027

Title            C  
Name            MCLOUGHLIN, VINCENT  
Address        5333 DAVIDSON HWY.  
City-State-Zip: CONCORD NC 28027

Title            DIRECTOR  
Name            MCLOUGHLIN, VINCENT  
Address        5333 DAVIDSON HIGHWAY  
City-State-Zip: CONCORD NC 28027

Title            DIRECTOR  
Name            HOSTETLER, THOMAS  
Address        5333 DAVIDSON HIGHWAY  
City-State-Zip: CONCORD NC 28027

Title            DIRECTOR  
Name            BOWMAN, JERRY  
Address        5333 DAVIDSON HIGHWAY  
City-State-Zip: CONCORD NC 28027

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*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: KIMMY G. WHITTEN**

**VICE PRESIDENT**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           WHITE, THOMAS  
Address        5333 DAVIDSON HWY  
City-State-Zip: CONCORD NC 28027

Title           SECRETARY  
Name           WOOLLEY, MICHAEL  
Address        5333 DAVIDSON HWY  
City-State-Zip: CONCORD NC 28027

Title           OTHER  
Name           WHITE, THOMAS  
Address        5333 DAVIDSON HWY  
City-State-Zip: CONCORD NC 28027