

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005253

Entity Name: U.S. LOGISTICS N.C., INC.**Current Principal Place of Business:**4200 MORGANTON ROAD
SUITE 150
FAYETTEVILLE, NC 28314**Current Mailing Address:**4200 MORGANTON ROAD
SUITE 150
FAYETTEVILLE, NC 28314**FEI Number:** 56-2227804**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
515 E. PARK AVENUE
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	PRESIDENT
Name	SWANNACK, CHARLES H. JR.
Address	4200 MORGANTON ROAD, SUITE 150
City-State-Zip:	FAYETTEVILLE NC 28314

Title	TRESURER AND DIRECTOR
Name	MCKINNON, LUKE
Address	412 MOUNT KEMBLE AVE. POST OFFICE BOX 1946
City-State-Zip:	MORRISTOWN NJ 07962-1946

Title	SECRETARY AND ASSISTANT TREASURER
Name	WALKER, PATTI
Address	125 THE PARKWAY PARKWAY PLAZA, SUITE 250
City-State-Zip:	GREENVILLE SC 29615

Title	ASST. SECRETARY
Name	REAP, MICHAEL
Address	412 MOUNT KEMBLE AVE. POST OFFICE BOX 1946
City-State-Zip:	MORRISTOWN NJ 07962-1946

Title	ASST. SECRETARY
Name	WOODWARD, GERALD
Address	412 MOUNT KEMBLE AVE. POST OFFICE BOX 1946
City-State-Zip:	MORRISTOWN NJ 07962-1946

Title	DIRECTOR
Name	OVERMAN, WAYNE
Address	412 MOUNT KEMBLE AVE. POST OFFICE BOX 1947
City-State-Zip:	MORRISTOWN NJ 07962-1946

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: PATTI WALKER**SECRETARY & ASST.
TREASURER****01/02/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date