

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005253

Entity Name: LOUIS BERGER LOGISTICS SERVICES, INC.**Current Principal Place of Business:**125 THE PARKWAY
SUITE 250
GREENVILLE, SC 29615**Current Mailing Address:**125 THE PARKWAY
SUITE 250
GREENVILLE, SC 29615 US**FEI Number:** 56-2227804**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
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 VICE PRESIDENT AND GENERAL
MANAGER
Name JONES, TIMOTHY
Address 125 THE PARKWAY
PARKWAY PLAZA, SUITE 250
City-State-Zip: GREENVILLE SC 29615

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

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

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

Title ASST. SECRETARY
Name REAP, MICHAEL
Address 412 MOUNT KEMBLE AVE.
POST OFFICE BOX 1946
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****01/23/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date