

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000006188

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC8377520697**

**Entity Name:** NORTH AMERICAN VAN LINES, INC.

**Current Principal Place of Business:**

5001 US HWY 30 WEST  
FORT WAYNE, IN 46818

**Current Mailing Address:**

P.O. BOX 988  
FORT WAYNE, IN 46801-0988 US

**FEI Number: 52-1840893**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            PRES  
Name            COOLIDGE, ANDREW P  
Address        5001 US HWY 30 WEST  
City-State-Zip: FORT WAYNE IN 46818

Title            DIR  
Name            OBERDORF, THOMAS  
Address        17W 110 22ND STREET  
                 SUITE 400  
City-State-Zip: OAKBROOK TERRACE IL 60181

Title            ASST. SECRETARY  
Name            RUDOLPH, JANINE E  
Address        5001 US HWY 30 W  
City-State-Zip: FORT WAYNE IN 46818

Title            DIR  
Name            LUCAS, WES W  
Address        17W 110 22ND STREET  
                 SUITE 400  
City-State-Zip: OAKBROOK TERRACE IL 60181

Title            VP  
Name            NEWBAUER, CHERYL D  
Address        5001 US HWY 30 WEST  
City-State-Zip: FORT WAYNE IN 46818

Title            SECRETARY  
Name            MARGOLIS, JEFFREY H.  
Address        6200 OAK TREE BLVD.  
                 SUITE 300  
City-State-Zip: INDEPENDENCE OH 44131

Title            CFO  
Name            THOMPSON, DENNIS M.  
Address        5001 US HIGHWAY 30 WEST  
City-State-Zip: FORT WAYNE IN 46818

Title            TREASURER  
Name            GIBSON, JOHN  
Address        5001 US HWY 30 WEST  
City-State-Zip: FORT WAYNE IN 46818

*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: JANINE E. RUDOLPH**

**ASSISTANT SECRETARY    04/28/2016**

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

\_\_\_\_\_  
Date