#### **2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F9400006188

Entity Name: NORTH AMERICAN VAN LINES, INC.

May 01, 2019

**Secretary of State** 1329552212CC

**FILED** 

## **Current Principal Place of Business:**

101E. WASHINGTON BLVD., SUITE 1100

FORT WAYNE. IN 46802

#### **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** Title DIR

LYON, BILL OBERDORF, THOMAS Name Name Address 17 W 110 22ND STREET, SUITE 400 Address 17W 110 22ND STREET

SUITE 400

SUITE 300

1100

CASSELL. STEPHEN M

OAKBROOK TERRACE IL 60181 City-State-Zip: City-State-Zip: OAKBROOK TERRACE IL 60181

Title ASST. SECRETARY

Title LEA, KATRINA L Name

Address 101 E. WASHINGTON BLVD., SUITE 211 N. BROADWAY, SUITE 2130 Address

Name

1100

City-State-Zip: ST. LOUIS MO 63102 FORT WAYNE IN 46802 City-State-Zip:

Title **SECRETARY** Title VΡ

Name MARGOLIS, JEFFREY H. NEWBAUER, CHERYL D Name Address 6200 OAK TREE BLVD. 101 E. WASHINGTON BLVD., SUITE Address

1100

City-State-Zip: INDEPENDENCE OH 44131 FORT WAYNE IN 46802 City-State-Zip:

CFO Title **TREASURER** Title Name GIBSON, JOHN THOMPSON, DENNIS M. Name

101 E. WASHINGTON BLVD., SUITE Address 101 E. WASHINGTON BLVD., SUITE Address

1100

City-State-Zip: FORT WAYNE IN 46802 City-State-Zip: FORT WAYNE IN 46802

## Continues on page 2

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.

05/01/2019 SIGNATURE: KATRINA L. LEA ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title ASST. TREASURER
Name LAMB, JAMES R

Address 17 W 110 22ND STREET, SUITE 400
City-State-Zip: OAKBROOK TERRACE IL 60181