# 2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F94000006188

Entity Name: NORTH AMERICAN VAN LINES, INC.

#### **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

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

# FILED Jun 11, 2020 Secretary of State 0326822777CC

Date

Certificate of Status Desired: No

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

### **Officer/Director Detail :**

Title	PRES	Title	DIR
Name	COOLIDGE, ANDREW P.	Name	OBERDORF, THOMAS
Address	17 W 110 22ND STREET, SUITE 400	Address	17W 110 22ND STREET
City-State-Zip:	OAKBROOK TERRACE IL 60181	City-State-Zip:	SUITE 400 OAKBROOK TERRACE IL 60181
Title	ASST. SECRETARY	, ,	
Name	LEA. KATRINA L	Title	DIR, CFO, TREASURER
		Name	CASSELL, STEPHEN M
Address	101 E. WASHINGTON BLVD., SUITE 1100	Address	211 N. BROADWAY, SUITE 2130
City-State-Zip:	FORT WAYNE IN 46802	City-State-Zip:	ST. LOUIS MO 63102
Title	ASST. TREASURER	Title	SECRETARY
Name	NEWBAUER, CHERYL D	Name	MARGOLIS, JEFFREY H.
Address	101 E. WASHINGTON BLVD., SUITE 1100	Address	6200 OAK TREE BLVD. SUITE 300
City-State-Zip:	FORT WAYNE IN 46802	City-State-Zip:	INDEPENDENCE OH 44131
Title	ASST. TREASURER	Title	VP
Name	GAGLIANO, RYAN	Name	RISLEY, BRIAN S.
Address	17 W 110 22ND STREET, SUITE 400	Address	101 E. WASHINGTON BLVD. SUITE 1100
City-State-Zip:	OAKBROOK TERRACE IL 60181	City-State-Zip:	

### 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.

SIGNATURE: KATRINA L. LEA

ASSISTANT SECRETARY 06/11/2020

Electronic Signature of Signing Officer/Director Detail

Date

# **Officer/Director Detail Continued :**

Title	ASST. TREASURER	Title	CHIEF ACCOUNTING OFFICER
Name	LAMB, JAMES R	Name	GRIFFIN, BRYAN
Address	17 W 110 22ND STREET, SUITE 400	Address	6200 OAK TREE BLVD., SUITE 300
City-State-Zip:	OAKBROOK TERRACE IL 60181	City-State-Zip:	INDEPENDENCE OH 44131
Title	ASST. SECRETARY		
Name	CANDIOTO, SARA		

Address 101 E. WASHINGTON BLVD. SUITE 1100 City-State-Zip: FORT WAYNE IN 46802