

2022 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**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 17 W 110 22ND STREET, SUITE 400
City-State-Zip: OAKBROOK TERRACE IL 60181

Title ASST. SECRETARY
Name LEA, KATRINA L
Address 101 E. WASHINGTON BLVD., SUITE 1100
City-State-Zip: FORT WAYNE IN 46802

Title ASST. TREASURER
Name NEWBAUER, CHERYL D
Address 101 E. WASHINGTON BLVD., SUITE 1100
City-State-Zip: FORT WAYNE IN 46802

Title VP & ASST. TREASURER
Name GAGLIANO, RYAN
Address 17 W 110 22ND STREET, SUITE 400
City-State-Zip: OAKBROOK TERRACE IL 60181

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

Title DIR, CFO, TREASURER
Name CASSELL, STEPHEN M
Address 17W 110 22ND STREET STE 400
City-State-Zip: OAKBROOK TERRACE IL 60181

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

Title ASST. TREASURER
Name LAMB, JAMES R
Address 17 W 110 22ND STREET, SUITE 400
City-State-Zip: OAKBROOK TERRACE IL 60181

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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** 04/28/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHIEF ACCOUNTING OFFICER
Name GRIFFIN, BRYAN
Address 6200 OAK TREE BLVD., SUITE 300
City-State-Zip: INDEPENDENCE OH 44131

Title ASST. SECRETARY
Name KOHNEN, RYAN
Address 101E. WASHINGTON BLVD., SUITE 1100
City-State-Zip: FORT WAYNE IN 46802

Title ASST. SECRETARY
Name CANDIOTO, SARA
Address 101 E. WASHINGTON BLVD.
SUITE 1100
City-State-Zip: FORT WAYNE IN 46802