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Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 166089 (3)

1. Corporation Name  
BEKINS MOVING & STORAGE CO.



Principal Place of Business  
330 S. MANNHEIM RD.  
HILLSIDE IL 60162  
US

Mailing Address  
330 S. MANNHEIM RD  
HILLSIDE IL 60162-1833  
US

3. Date Incorporated or Qualified 08/13/1951	3a. Date of Last Report 05/01/1996
4. FEI Number 59-0661517	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	PRESIDENT
NAME	ANDREW, ESTOCLET	12 NAME	SCOTT OGDEN
STREET ADDRESS	330 S. MANNHEIM	13 STREET ADDRESS	330 S. MANNHEIM
CITY-ST-ZIP	HILLSIDE IL	14 CITY-ST-ZIP	HILLSIDE, IL 60162
TITLE	DVP	21 TITLE	VICE PRESIDENT
NAME	CLOUTIER, ROGER R	22 NAME	CHRISTER G. CARLSSON
STREET ADDRESS	500 S. FIFTH STREET, SUITE 2500	23 STREET ADDRESS	330 S. MANNHEIM ROAD
CITY-ST-ZIP	MINNEAPOLIS MN	24 CITY-ST-ZIP	HILLSIDE IL 60162
TITLE	T	31 TITLE	TREASURER/DIRECTOR
NAME	DAN, DAY L	32 NAME	GARY HOLTER
STREET ADDRESS	330 S. MANNHEIM	33 STREET ADDRESS	330 S. MANNHEIM ROAD
CITY-ST-ZIP	HILLSIDE IL	34 CITY-ST-ZIP	HILLSIDE IL 60162
TITLE	DSVP	41 TITLE	DIRECTOR
NAME	SCOTT, OGDEN	42 NAME	ROGER PAYTON
STREET ADDRESS	330 S. MANNHEIM RD.	43 STREET ADDRESS	330 S. MANNHEIM ROAD
CITY-ST-ZIP	HILLSIDE IL	44 CITY-ST-ZIP	HILLSIDE, IL 60162
TITLE	D	51 TITLE	
NAME	JIM, FARRELL	52 NAME	
STREET ADDRESS	500 S. 5TH ST. #2500	53 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR