FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # 166089



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90139 018 ***150.00

BEKINS I	MOVING & STORAGE CO.							
Principal Place	e of Business	Mailing Address				i idaidi sibid dsira anki anibi naira idir arari gjani agan	/ B781) DIBN 6141) 149)	
330 SOUTH MANNHEIM ROAD HILLSIDE IL 60162 US		330 S. MANNHEIM RD HILLSIDE IL 60162 US				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
		0- 14 15 4 11				08/13/1951 4. FEI Number	Applied For	
− 1 '	lace of Business	2a. Mailing Address			i	59-0661517	Not Applicable	
21 Suite, Apt. :	# etc	Suite, Apt. #, etc.				\$8	.75 Additional	
22	w, 600.	27					ee Required	
City & State	9	City & State				6. Election Campaign Financing S	5.00 May Be	
23		28					dded to Fees	
Zip	Country	Zip Country		ry		8. This corporation owes the current year Intangible	ا <u>ب</u> ا	
24	25	29	30			Personal Property Tax.		
	9. Name and Address of Current	Registered Agent		al No		10. Name and Address of New Registered Agent		
CODI	PORATION SERVICE COMPANY		ŀ	1 Na	me			
	HAYS STREET			2 Str	treet Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525				3				
IALL	ANAGOLE I E GEODI-ESES		['	"				
	,		1	4 Cit	У	FL 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							_]	
SIGNATURE	Signature, typed or printed name of registered agent			ent signa	ture required v	when reinstating) DATE	FOTODO (N. 42	
12.	OFFICERS AND DIRECTORS 13.				ΤΑ /	ADDITIONS/CHANGES TO OFFICERS AND DIR	hange Addition	
TITLE	PD CARVO	DELETE	1.1 TITLI 1.2 NAM		PL	arzullo Lawrence A:	mange D. recisor.	
NAME	HOLTER, GARY S				7110	a il Main halia Panis		
STREET ADDRESS	000 000 111 1111 1111 1111 1111			EET ADDR	رور (۱۳۳۶)	Hillside IL 60162		
CITY-ST-ZIP			2.1 TITU	-ST-ZIP	- 17/	7,0,000	hange Addition	
TITLE	D BAYTON BOCED E	- -			7			
NAME	7ATON, NOGEN C		2.2 NAM	EET ADDF	70	Wanheim Road		
STREET ADDRESS			1		(53)	H: 11 - 1 - 60161		
_CITY-ST-ZIP	S D			(+ST-ZIP =	1/	S/D Xº	hange Addition	
TITLE			3.2 NAM		"	40	-	
NAME STREET ADDRESS	330 SOUTH MANNHEIM ROAD			EET ADDF	RESS			
	HILLSIDE IL 60162		4	-ST-ZIP				
CITY-ST-ZIP TITLE	T	☐ D£LETE	4.1 TITL		7		hange Addition	
NAME	1;	_	4, 2 NA		PAL	il Stone	-	
STREET ADDRESS	*		4.3 STR	EET ADDF	0.00	SOUTH MANNHEIM ROAD		
CITY-ST-ZIP] 1			-ST-ZIP	1.	LLSIDE, IL 60162		
TITLE		☐ DELETE	5.1 TITL		V	□c	hange Addition	
NAME			52 NAM	E	TER	RRY G. CLARKE		
STREET ADDRESS			5.3 STR	EET ADDF	RESS 330	SOUTH MANNHEIM ROAD		
CITY+ST-ZIP			5.4 CITY	-ST-ZIP	Н	CLESIDE, IL 60162		
TITLE		☐ DELETE	6.1 TITL	E			change	
NAME			6.2 NAM	E	ĺ		1	
STREET ADDRESS			6.3 STR	EET ADD	RESS		i	

14. 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 suppliemental 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 endress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SICHLER REDURES

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR