

~~SECOND NOTICE:~~ CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT



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

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90197 035 ***150.00

DOCUMENT # 166089

(3)

BEKINS MOVING & STORAGE CO.

Principal Place of Business

330 S. MANNHEIM RD.
HILLSIDE IL 60162
IS

Mailing Address

330 S. MANNHEIM RD
HILLSIDE IL 60162
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1951

4. FEI Number

59-0661517

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

1 1251 E Dyer Road

Suite, Apt. #, etc.

2 Suite 200

City & State

3 Santa Ana CA

Zip

4 92705

Country

25 USA

2a. Mailing Address

26 1251 E Dyer Road

Suite, Apt. #, etc.

27 Suite 200

City & State

28 Santa Ana CA

Zip

29 92705

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE
NAME ANDREW, ESTOCLET
STREET ADDRESS 330 S. MANNHEIM
CITY-ST-ZIP HILLSIDE IL

TITLE VP ☒ DELETE
NAME CARLSON, CHRISTER G
STREET ADDRESS 330 S MANNHEIM ROAD
CITY-ST-ZIP HILLSIDE IL

TITLE TD ☒ DELETE
NAME HOLTER, GARY
STREET ADDRESS 330 S MANNHEIM ROAD
CITY-ST-ZIP HILLSIDE IL

TITLE P ☒ DELETE
NAME SCOTT, OGDEN
STREET ADDRESS 330 S. MANNHEIM RD.
CITY-ST-ZIP HILLSIDE IL

TITLE D ☒ DELETE
NAME PAYTON, ROGER
STREET ADDRESS 330 S MANNHEIM ROAD
CITY-ST-ZIP HILLSIDE IL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☒ Addition
1.2 NAME Marzullo, Lawrence
1.3 STREET ADDRESS 330 South Mannheim Road
1.4 CITY-ST-ZIP Hillside IL 60162

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VP ☒ Change ☐ Addition
4.2 NAME Scott, Ogdan
4.3 STREET ADDRESS 330 S Mannheim Road
4.4 CITY-ST-ZIP Hillside IL 60162

5.1 TITLE Assistant Treasurer ☒ Change ☒ Addition
5.2 NAME Mary Lynn Leland
5.3 STREET ADDRESS 330 S Mannheim Road
5.4 CITY-ST-ZIP Hillside IL 60162

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

Mary Lynn Leland

Mary Lynn Leland 4/28/00

CR2E034 (5/98)