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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 846882 (9)

1. Corporation Name
SUGAR TRANSPORT, INC.

400001457474
-04/17/95--01001--014
****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
3700 PARK EAST DRIVE CLEVELAND OH 44122	3700 PARK EAST DRIVE CLEVELAND OH 44122

3. Date Incorporated or Qualified: **09/04/1980**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-0667494** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail/ship)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KOSAK, A.J.	12 NAME	
STREET ADDRESS	30900 TELEGRAPH RD.	13 STREET ADDRESS	
CITY ST ZIP	BIRMINGHAM MI	14 CITY ST ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	CARDEN, CHARLES B.	22 NAME	
STREET ADDRESS	3700 PARK EAST DR.	23 STREET ADDRESS	
CITY ST ZIP	CLEVELAND, OHIO 00000	24 CITY ST ZIP	
TITLE	VT	31 TITLE	☐ Change ☐ Addition
NAME	HUTCHISON, R.B.	32 NAME	
STREET ADDRESS	3700 PARK EAST DR	33 STREET ADDRESS	
CITY ST ZIP	CLEVELAND, OHIO 00000	34 CITY ST ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	MALZEKE, ERNESTINE M.	42 NAME	
STREET ADDRESS	3700 PARK EAST DR.	43 STREET ADDRESS	
CITY ST ZIP	CLEVELAND, OHIO 00000	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DAMSEL, R.A.	52 NAME	D Gaskins, Darius W. Jr.
STREET ADDRESS	3700 PARK E. DR.	53 STREET ADDRESS	
CITY ST ZIP	CLEVELAND, OHIO 00000	54 CITY ST ZIP	SAME
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	SNYDER, RONALD E	62 NAME	
STREET ADDRESS	3700 PARK EAST DR.	63 STREET ADDRESS	
CITY ST ZIP	CLEVELAND OH	64 CITY ST ZIP	4/14/95 MS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ RONALD B. HUTCHISON VICE-PRESIDENT-TREASURER APR 5 1995 216-765-5164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

0384784 CP