FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:29

DOCUMENT # **853298** **(8)**

1. Corporation Name
AMERICAN DELIVERY SERVICE COMPANY

Principal Place of Business	Mailing Address
% TAX ACCTG 7-3 MONTGOMERY WARD PLAZA CHICAGO IL 60671	% TAX ACCTG 7-3 MONTGOMERY WARD PLAZA CHICAGO IL 60671

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/29/1982
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: 36-3084291 ☐ 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

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	AS ☐ Change ☒ Addition
NAME	DELK, PHILIP D	12 NAME	Butler, James
STREET ADDRESS	MONTGOMERY WARD PLAZA	13 STREET ADDRESS	Montgomery Ward Plaza
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP	Chicago, IL 60671
TITLE	PD	21 TITLE	PD ☒ Change ☐ Addition
NAME	WASIUKIEWICZ, MIREK	22 NAME	Staniszewski, Donald
STREET ADDRESS	220 S. FRONTAGE	23 STREET ADDRESS	200 S Frontage Road
CITY-ST-ZIP	BURR RIDGE IL	24 CITY-ST-ZIP	Burr Ridge, IL 60521
TITLE	D	31 TITLE	D ☐ Change ☒ Addition
NAME	WORKMAN, JOHN	32 NAME	Gillihan, Patrick
STREET ADDRESS	MONTGOMERY WARD PLAZA	33 STREET ADDRESS	200 S Frontage
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP	Burr Ridge, IL 60521
TITLE	AS	41 TITLE	AS ☒ Change ☐ Addition
NAME	WASIUKIEWICZ, MIREK	42 NAME	Staniszewski, Donald
STREET ADDRESS	200 S FRONTAGE	43 STREET ADDRESS	200 S Frontage Road
CITY-ST-ZIP	BURR RIDGE IL	44 CITY-ST-ZIP	Burr Ridge, IL 60521
TITLE	T	51 TITLE	T ☒ Change ☐ Addition
NAME	WASIUKIEWICZ, MIREK	52 NAME	Staniszewski, Donald
STREET ADDRESS	220 S. FRONTAGE	53 STREET ADDRESS	200 S Frontage Road
CITY-ST-ZIP	BURR RIDGE IL	54 CITY-ST-ZIP	Burr Ridge IL 60521
TITLE	D	61 TITLE	D ☐ Change ☐ Addition
NAME	JORDAN, JEROME C	62 NAME	Murphy, Thomas P
STREET ADDRESS	MOMTGOMERY WARD PLAZA	63 STREET ADDRESS	Montgomery Ward Plaza
CITY-ST-ZIP	CHICAGO IL	64 CITY-ST-ZIP	Chicago, IL 60671

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: James Butler **James Butler, Assistant Secretary 03/30/95 312 467 4914**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477411 PP