2002 UNIFORM BUSINESS REPORT (UBR)

May 12, 2002 8:00 am § Secretary of State **DOCUMENT #** F00000000622 1. Entity Name 05-12-2002 90606 016 ***150.00 METRO TRANSPORTATION GROUP, INC. Principal Place of Business Mailing Address 12651 MCGREGOR BLVD 12651 MCGREGOR BLVD STE 4-403 STE 4-403 FORT MYERS FL 33919 FORT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-3075322 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6.-Name and Address of Current Registered Agent 7.=Name and Address of New Registered Agent TED_B. TREESH BANKS, JAMES M Street Address (P.O. Box Number is Not Acceptable) 12651 MCGREGOR BLVD STE 4-403 FORT MYERS FL 33919 12651 MCGREGOR BLVD STE 4-403 FORT MYERS 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE* TED B. TREESH 04/09/02 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550,00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Addition NAME MILLER, DAVID B NAME STREET ADDRESS 1300 GREENBROOK BLVD. STREET ADDRESS CITY-ST-ZIP HANOVER PARK IL 60103-5482 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KILIAN, ROLF P NAME 1300 GREENBROOK BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HANOVER PARK IL 60103-5482 CITY-ST-ZIP TITI E AS Delete TITLE Change Addition NAME FIX, JANIS L NAME STREET ADDRESS 1300 GREENBROOK BLVD. STREET ADDRESS CITY-ST-ZIP HANOVER PARK IL 60103-5482 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME - ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

changed, or on an attaching at with an address, with all other like emp

13. 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 report or supplemental 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 receiper of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED