

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90369 001 \*\*\*317.50

<b>DOCUMENT # F00000006619</b> 1. Entity Name <b>IMC LOGISTICS, INC.</b>					
Principal Place of Business <b>2702 DIRECTORS ROW ORLANDO, FL 32809</b>			Mailing Address <b>95 S. ROUTE 83 GRAYSLAKE, IL 60030</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
02042006    Chg-P    CR2E034 (11/05)					
4. FEI Number <b>36-4377623</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  <b>CHAMBERS, JERY 2702 DIRECTORS ROW ORLANDO, FL 32809</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>ANGER, HANS A JR</b> <b>95 S. ROUTE 83</b> <b>GRAYSLAKE, IL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOETSCH, CHARLES L</b> <b>95 S. ROUTE 83</b> <b>GRAYSLAKE, IL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>PURDY, LON J</b> <b>95 S. ROUTE 83</b> <b>GRAYSLAKE, IL</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>GEORGE KAMIZKY</b> <b>95 S ROUTE 83</b> <b>GRAYSLAKE IL 60030</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PENNINGTON, JEFF</b> <b>95 S. ROUTE 83</b> <b>GRAYSLAKE, IL 60030</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2570 Northwest Parkway</b> <b>Elsin, IL 60123</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SCOTT, WILSON</b> <b>955 ROUTE 83</b> <b>GRAYSLAKE, IL 60030</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP-OPS</b> <b>Steve Beverly</b> <b>4487 LeSaint Ct.</b> <b>Fairfield, OH 45014</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DAVIS, BRIAN</b> <b>4487 LESAINCT CT</b> <b>FAIRFIELD, OH 45014</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP-Sales</b> <b>Dino Moler</b> <b>4487 LeSaint Ct.</b> <b>Fairfield, OH 45014</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <span style="float: right;"><b>2/16/06</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					