

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92195 030 ***158.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000000031			
1. Entity Name INTERNATIONAL LOGISTICS GROUP, LTD. INC.			
Principal Place of Business 6145 D WALL STREET STERLING HEIGHTS, MI 48312		Mailing Address 6145-D WALL STREET STERLING HEIGHTS, MI 48312	
2. Principal Place of Business 749 E. MANDOLINE Suite, Apt. #, etc.		3. Mailing Address 749 E. MANDOLINE Suite, Apt. #, etc.	
City & State MADISON HTS. MI		City & State MADISON HTS. MI	
Zip 48071 Country USA		Zip 48071 Country USA	
4. FEI Number 38-2167760		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name C T CORPORATION SYSTEM		Street Address (P.O. Box Number is Not Acceptable)	
City FL		Zip Code	
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 <i>Theodore Henke</i>		DATE 26 APR 03	
Signature typed or printed name of registered agent and date if applicable.		(NOTE: Page 2003 AGENTS VALUE RATES ARE REQUIRED)	
FILING FEE: \$158.75 After May 1, 2003, fee will be \$158.75. Please Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HENKE, THEODORE 6145-D WALL STREET STERLING HEIGHTS, MI 48312 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HENKE, THEODORE 749 E MANDOLINE MADISON HTS MI 48071 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ENKE, THEODORE 6145-D WALL STREET STERLING HEIGHTS, MI 48312 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information provided with this filing does not conflict with the information stated in Section 130.07(1)(b) of the Florida Statutes, 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 an officer like empowered.			
SIGNATURE <i>Theodore Henke</i>		DATE 26 APR 03	
Signature typed or printed name of signing officer or director		Date	

CHREC34 (10/02)

\$ 158.75