

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90280 019 ***550.00

DOCUMENT # F01000001946

1. Entity Name
AFFINITY LOGISTICS, INC.



Principal Place of Business
533 JOHNSON FERRY RD
BLDG D. STE 400
MARIETTA GA 30068

Mailing Address
533 JOHNSON FERRY RD
BLDG D. STE 400
MARIETTA GA 30068



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2450457

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~VOLMER, JERRY-~~
~~900 INTERNATIONAL PKWY~~
~~FORT LAUDERDALE FL 33331~~

Name BERNARD C. PESTCOR
Street Address (P.O. Box Number is Not Acceptable) #205
2700 S. Commerce Pkwy
City Fort Lauderdale FL Zip Code 33321

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 Bernard Pestcor Bernard C Pestcor DATE 08/05/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **PAYTON, ROGER E**
CITY-ST-ZIP **6108 LONE PEAK DRIVE**
EVERGREEN CO

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **ROGER E PAYTON**
CITY-ST-ZIP **7561 ANGELS ALCOVE COURT**
LAS VEGAS, NV 89131

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **HITT, CHARLES T**
CITY-ST-ZIP **1700 KENBROOK COURT**
ACWORTH GA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **QUINN, ANTHONY J**
CITY-ST-ZIP **5540 WATERFORD GREEN GLEN**
MARIETTA GA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

12. 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 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 employees.

SIGNATURE: [Signature] DATE 08/07/03 DAYTIME PHONE (757) 578-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)