

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004676

FILED  
Feb 12, 2008  
Secretary of State

Entity Name: LOGISTICS SUPPLY CORPORATION

**Current Principal Place of Business:**

10926 DAVID TAYLOR DRIVE  
CHARLOTTE, NC 28262

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 481931  
CHARLOTTE, NC 28269

**New Mailing Address:**

FEI Number: 56-2246546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FISCHER, RICHARD  
4215 S.W. 34TH STREET  
ORLANDO, FL 32811 US

**Name and Address of New Registered Agent:**

SILVA, ROBERT  
4215 S.W. 34TH STREET  
ORLANDO, FL 32811 US

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: ROBERT SILVA

02/12/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DCEO ( ) Delete  
Name: FAIRCLOTH, RICHARD J  
Address: 10926 DAVID TAYLOR DRIVE  
City-St-Zip: CHARLOTTE, NC 28262

Title: DPT ( ) Delete  
Name: SMITH, ERIC O  
Address: 10926 DAVID TAYLOR DRIVE  
City-St-Zip: CHARLOTTE, NC 28262

Title: DS ( ) Delete  
Name: BRUNO, DONNA  
Address: 10926 DAVID TAYLOR DRIVE  
City-St-Zip: CHARLOTTE, NC 28262

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC O SMITH

DPT

02/12/2008

Electronic Signature of Signing Officer or Director

Date