2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am Secretary of State **DOCUMENT #** F01000004995 1. Entity Name USF DISTRIBUTION SERVICES INC. 04-29-2002 90034 019 ***150.00 Principal Place of Business Mailing Address 465 CROSSROADS PARKWAY 465 CROSSROADS PARKWAY **BOLINBROOK IL 60440 BOLINBROOK IL 60440** 2. Principal Place of Business 3. Mailing Address 2122 York Rd - Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite مقدر معانده City & State 4. FEI Number Oak Broot Applied For 36-3783345 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$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 ☐ Defete TITLE Change ☐ Addition NAME LILLY, THOMAS A NAME STREET ADDRESS 465 CROSSROADS PARKWAY STREET ADDRESS CITY-ST-ZIP **BOLINBROOK IL 60440** CITY-ST-ZIP TITLE ☐ Delete TITLE 🔀 Change Addition NAME LANDEGO, KENNETH NAME STREET ADDRESS 465 CROSSROADS PARKWAY STREET ADDRESS as above CITY-ST-ZIP **BOLINBROOK IL 60440** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MONFORTE, SALVATORE NAME STREET ADDRESS 465 CROSSROADS PARKWAY STREET ADDRESS 1, CITY-ST-ZIP 1 **BOLINBROOK IL 60440** CITY-ST-7IP TITLE VAS Delete TITLE Change ☐ Addition NAME KOLCZAK, DON NAME STREET ADDRESS 465 CROSSROADS PARKWAY STREET ADDRESS ٦) CITY-ST-ZIP **BOLINBROOK IL 60440** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME EUBANK, GARY NAME STREET ADDRESS **465 CROSSROADS PARKWAY** STREET ADDRESS CITY-ST-7IP 11 11 **BOLINBROOK IL 60440** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME ELLIS, CHRISTOPHER L NAME STREET ADDRESS 8550 WEST BRYN MAWR, SUITE 700 STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60631 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

4/11/02

630-754-3000

Daytime Phone #

FILED