## 2005 FOR PROFIT CORPORATION

## Feb 22, 2005 8:00 am **Secretary of State ANNUAL REPORT** DOCUMENT # F01000004995 02-22-2005 90018 018 \*\*\*150 00 USF DISTRIBUTION SERVICES INC. Principal Place of Business Mailing Address 40021083 2122 YORK ROAD 2122 YORK ROAD SUITE 300 SUITE 300 OAK BROOK, IL 60523 OAK BROOK, IL 60523 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 CR2E034 (10/03) Chg-P Applied For 4. FEI Number City & State City & State 36-3783345 Not Applicable Zip Country \$8.75 Additional Zιο Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 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 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME LILLY, THOMAS A NAME STREET ADDRESS 2122 YORK ROAD STREET ADDRESS CITY-ST-ZIP OAK BROOK, IL 60523 CITY-ST-ZIP TITLE ☐ Addition ☐ Delete ☐ Channe TITLE NAME LANDEGO, KENNETH NAME STREET ADDRESS 2122 YORK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP OAK BROOK, IL 60523 ☐ Change ☐ Delete TITLE ■ Addition TITLE PAGANO, RICHARD C NAME NAME 8550 W. BRYN MAWR STREET ADDRESS STREET ADDRESS CHICAGO, IL 60631 CITY-ST-ZIP CITY-ST-ZIP TITLE VOF Change ☐ Addition TITLE ☐ Delete Reenly Christopher H. RHEEL, CHRISTOPHER H NAME NAME 2122 York Road, Ste. 300 Oak Brook, IL 6052 STREET ADDRESS 2122 YORK ROAD, SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP OAK BROOK, IL 60523

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 like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY - ST - ZIP

SIGNATURE:

EUBANK, GARY

2122 YORK ROAD

OAK BROOK, IL 60523

ELLIS, CHRISTOPHER L

OAK BROOK, IL 60523

2122 YORK ROAD .

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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

₹ ☐ Delete

Delete

Daytime Phone #

☐ Change

☐ Addition

☐ Change ☐ Addition

FILED