2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State
02-25-2004 90041 003 ***158.75

DOCUMENT # F03000004818

1. Entity Name
CLASS LOGISTICS, INC.

Principal Place of Business	Mailing Address
222 N. LASALLE ST., STE. 1900 CHICAGO IL 60601-1199	222 N. LASALLE ST., STE. 1900 CHICAGO IL 60601-1199

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
5000 Proviso Drive	5000 Proviso Drive
Suite, Apt. #, etc.: Unit #2	Suite, Apt. #, etc.: Unit #2
City & State: Melrose Park, IL 60163	City & State: Melrose Park, IL 60163
Zip: 60163 Country: U.S.A.	Zip: 60163 Country: U.S.A.

4. FEI Number 35-2206080 ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make 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	CPS COVAN, PHILIP 222 N. LASALLE ST., STE. 1900 CHICAGO IL 60601-1199	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/T/S Philip Cowan 303 West Madison, #2300 Chicago, IL 60606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPA ROLLER, RICHARD 999 E. TOUHY AVE., STE. 200 DES PLAINES IL 60018	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/CFO Gary A. Greenberg 5000 Proviso Drive, Unit #2 Melrose Park, IL 60163	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SHAPIRO, JULIUS H 222 N. LASALLE ST., STE. 1900 CHICAGO IL 60601-1199	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Julius H. Shapiro 303 West Madison, #2300 Chicago, IL 60606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHCZEWSKI, ROBERT 222 N. LASALLE ST., STE. 1900 CHICAGO IL 60601-1199	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/CEO Sheldon J. Stillman 5000 Proviso Drive, Unit #2 Melrose Park, IL 60163	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO STILLMAN, SHELDON J 999 E. TOUHY AVE., STE. 200 DES PLAINES IL 60018	☒ 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 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.

SIGNATURE: ~~Philip~~ Cowan, President 02/16/04 (312) 704-7224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #