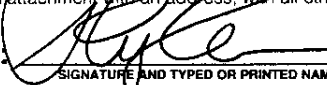


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 222 N. LASALLE ST., STE. 1900 CHICAGO IL 60601-1199				Mailing Address 222 N. LASALLE ST., STE. 1900 CHICAGO IL 60601-1199	
2. Principal Place of Business 5000 Proviso Drive Suite, Apt. #, etc. Unit #2 City & State Melrose Park, IL 60163 Zip 60163		3. Mailing Address 5000 Proviso Drive Suite, Apt. #, etc. Unit #2 City & State Melrose Park, IL 60163 Zip 60163		4. FEI Number 35-2206080 Applied For ☐ Not Applicable	
Country U.S.A.		Country U.S.A.		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 #		