

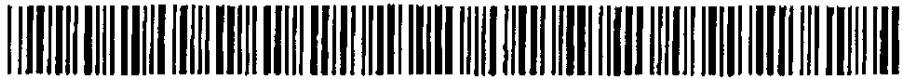
**F05000005592**

Florida Department of State  
Division of Corporations  
Public Access System

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**REGISTERED AGENT CHANGE****SCHNEIDER LOGISTICS TRANSLOADING AND DISTRIBUTION, I**

Certificate of Status	0
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Wisconsin \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: SCHNEIDER LOGISTICS TRANSLOADING AND DISTRIBUTION, INC.
2. The principal office address: 3101 S. PACKERLAND DRIVE GREEN BAY WI 54306
3. The mailing address (if different): 3101 S. PACKERLAND DRIVE GREEN BAY WI 54306
4. Date of incorporation/qualification: 09/20/2005 Document number: F05000005592
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

KESSLER, PAULA, THE LITIGATION BLDG 3RD FL

633 SOUTH ANDREWS AVE

FORT LAUDERDALE FL 33301 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

1203 Governor's Square Blvd Suite 101

P.O. Box NOT acceptable

Tallahassee, FL 32301-2960

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

John Brenholt Secretary  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

By: [Signature]  
Signature of Registered Agent

8/17/09  
Date

If signing on behalf of an entity:

Kristine Heiberger

Typed or Printed Name  
Assistant Secretary

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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