

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000050

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** AARTMAN TRANSPORT CORPORATION

**Current Principal Place of Business:**

666 GRAND AVE  
DES MOINES, IA 50309

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 855  
DES MOINES, IA 50306

**New Mailing Address:**

**FEI Number:** 94-2454694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CHAPMAN, STEVEN  
Address: 666 GRAND AVE  
City-St-Zip: DES MOINES, IA 50309

Title: VP  
Name: MCLEAN, BENJAMIN  
Address: 666 GRAND AVE  
City-St-Zip: DES MOINES, IA 50309

Title: TREA  
Name: BALL, TRACEY  
Address: 666 GRAND AVE  
City-St-Zip: DES MOINES, IA 50309

Title: DIRE  
Name: RUAN III, JOHN  
Address: 666 GRAND AVE  
City-St-Zip: DES MOINES, IA 50309

Title: SECR  
Name: FITZSIMMONS, SUSAN  
Address: 666 GRAND AVE  
City-St-Zip: DES MOINES, IA 50309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TRACEY BALL

TREA

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date