

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000000503

1. Entity Name
COMTRAK LOGISTICS, INC.



Principal Place of Business
**5660 UNIVERSAL DRIVE
MEMPHIS, TN 38118**

Mailing Address
**5660 UNIVERSAL DRIVE
MEMPHIS, TN 38118**



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4138705

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000933353
05/22/08-80085-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	YEAGER, PHILIP C
STREET ADDRESS	3050 HIGHLAND PARKWAY #100
CITY-ST-ZIP	DOWNERS GROVE, IL 60515
TITLE	PO
NAME	YEAGER, DAVID P
STREET ADDRESS	3050 HIGHLAND PARKWAY #100
CITY-ST-ZIP	DOWNERS GROVE, IL 60515
TITLE	CEO
NAME	YEAGER, DAVID P
STREET ADDRESS	3050 HIGHLAND PARKWAY #100
CITY-ST-ZIP	DOWNERS GROVE, IL 60515
TITLE	SD
NAME	YEAGER, MARK A
STREET ADDRESS	3050 HIGHLAND PARKWAY #100
CITY-ST-ZIP	DOWNERS GROVE, IL 60515
TITLE	T
NAME	PIZZUTO, TERRI
STREET ADDRESS	3050 HIGHLAND PARKWAY #100
CITY-ST-ZIP	DOWNERS GROVE, IL 60515
TITLE	AT
NAME	FOSTER, THOMAS
STREET ADDRESS	3050 HIGHLAND PARKWAY #100
CITY-ST-ZIP	DOWNERS GROVE, IL 60515

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Thomas Foster **Thomas Foster**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/2008

Daytime Phone #

630-271-3773