

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002561

Entity Name: REYNOLDS TRANSPORT CO.

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

4520 N STATE RD 37
ORLEANS, IN 47452

New Principal Place of Business:

Current Mailing Address:

4520 N STATE RD 37
ORLEANS, IN 47452

New Mailing Address:

1900 SHAWNEE MISSION PARKWAY
MISSION WOODS, KS 66205

FEI Number: 35-1985672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SCHMITT, ANDREW B
Address: 1900 SHAWNEE MISSION PKWY
City-St-Zip: MISSION WOODS, KS 66205

Title: VT () Delete
Name: FANSKA, JERRY W
Address: 1900 SHAWNEE MISSION PARKWAY
City-St-Zip: MISSION WOODS, KS 66205

Title: DP () Delete
Name: REYNOLDS, JEFFREY
Address: 4520 N STATE RD 37
City-St-Zip: ORLEANS, IN 47452

Title: VP () Delete
Name: SCHMIDT, PATRICK
Address: 4520 N STATE RD 37
City-St-Zip: ORLEANS, IN 47452

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHMITT, ANDREW B
Address: 1900 SHAWNEE MISSION PKWY
City-St-Zip: MISSION WOODS, KS 66205

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT () Change (X) Addition
Name: SCHMIDT, CURTIS J
Address: 1900 SHAWNEE MISSION PARKWAY
City-St-Zip: MISSION WOODS, KS 66205

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CURTIS J. SCHMIDT

AT

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date