## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F07000005656

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

BELLVILLE, OH 44813

BEVERIDGE, JAMES C

BELLVILLE, OH 44813

500 SOUTH MAIN STREET

() Delete

FILED Sep 28, 2009 Secretary of State

D 0 0 0 1.		,0000000			Occircially of o	luic	
<b>Entity Nar</b>	ne: HI-LO TRA	AILER CO INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	H MAIN STREE E, OH 44813	ĒΤ					
Current Mailing Address:			New Maili	New Mailing Address:			
	H MAIN STREE E, OH 44813	ET					
FEI Number:	34-1754813	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired	d ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1515 RING	CICHARD R ESC BLING BLVD 10 A, FL 34236						
	named entity s of Florida.	ubmits this statement for the	purpose of changing i	ts registere	d office or registered agent, o	or both,	
SIGNATUR	RE:						
	Electroni	c Signature of Registered Ag	ent		Date		
OFFICERS	S AND DIRECT	ORS:	ADDITION	S/CHANG	ES TO OFFICERS AND DIR	ECTORS:	
Title: Name: Address: City-St-Zip:	DT () SNYDER, JIM 500 SOUTH MAI BELLVILLE, OH		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	DS () RUSSELL, JOHN 500 SOUTH MAI BELLVILLE, OH	N STREET	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address:	P () MILLS, LARRY [ 500 SOUTH MAI		Title: Name: Address:		(X) Change()Addition E, JAMES C NG AVENUE		

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

BUTLER, OH 44822

SNEERINGER, JAY D

2640 ECKERT ROAD

LEXINGTON, OH 44904

(X) Change ( ) Addition

SIGNATURE: JIM BEVERIDGE P 09/28/2009