

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002311

FILED
Jun 30, 2009
Secretary of State

Entity Name: CONCERT GROUP LOGISTICS, INC.

Current Principal Place of Business:

429 POST RD.
BUCHANAN, MI 49107

New Principal Place of Business:

Current Mailing Address:

429 POST RD.
BUCHANAN, MI 49107

New Mailing Address:

FEI Number: 26-1750262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POST, GERRY
Address: 1430 BRANDING AVE., #150
City-St-Zip: BUCHANAN, MI 49107

Title: D () Delete
Name: WELCH, MIKE
Address: 429 POST RD.
City-St-Zip: BUCHANAN, MI 49107

Title: SD () Delete
Name: PATTERSON, MARK
Address: 429 POST RD.
City-St-Zip: BUCHANAN, MI 49107

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POST, GERRY
Address: 1430 BRANDING AVE., #150
City-St-Zip: DOWNERS GROVE, IL 60515

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

Title: VP (X) Change () Addition
Name: EFRAIN, MALDONADO
Address: 1430 BRANDING AVE #150
City-St-Zip: DOWNERS GROVE, IL 60515

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: EFRAIN MALDONADO

VP

06/30/2009

Electronic Signature of Signing Officer or Director

_____ Date