2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# F08000002371

Entity Name: MHF LOGISTICAL SOLUTIONS, INC.

Current Principal Place of Business:

800 CRANBERRY WOODS DRIVE
SUITE 450
CRANBERRY TWP, PA 16066

New Principal Place of Business:

2511 ST JOHN'S BLUFF ROAD SOUTH
SUITE 106
JACKSONVILLE, FL 32246

Current Mailing Address:

800 CRANBERRY WOODS DRIVE
SUITE 450
CRANBERRY TWP, PA 16066

New Mailing Address:

FEI Number: 20-2806833 **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

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: PCEO ( ) Delete
Name: PIATAK, TOM
Address: 800 CRANBERRY WOODS DRIVE #450
City-St-Zip: CRANBERRY TWP, PA 16066

Title: D ( ) Delete
Name: PIATAK, TOM
Address: 800 CRANBERRY WOODS DRIVE #450
City-St-Zip: CRANBERRY TWP, PA 16066

Title: C ( ) Delete
Name: STANGO, JARED M
Address: 800 CRANBERRY WOODS DRIVE #450
City-St-Zip: CRANBERRY TWP, PA 16066

Title: D ( ) Delete
Name: CORCIA, JOHN
Address: 800 CRANBERRY WOODS DRIVE #450
City-St-Zip: CRANBERRY TWP, PA 16066

Title: D (X) Delete
Name: RUSSELL, DAN
Address: 1919 PENNSYLVANIA AVE, NW 3RD FLOOR
City-St-Zip: WASHINGTON, DC 20006

Title: D ( ) Delete
Name: KELTY, MATT
Address: 1919 PENNSYLVANIA AVE, NW 3RD FLOOR
City-St-Zip: WASHINGTON, DC 20006

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JARED STANGO C 05/01/2009

Electronic Signature of Signing Officer or Director Date