

FD 900000 2888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

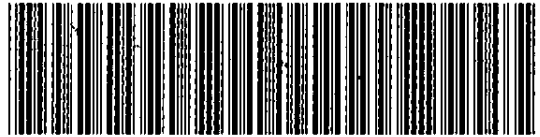
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 20 A 10:28

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JUL 21 2009
D.A. WHITE

COVER LETTER

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TO: New Filing Section
Division of Corporations

2001 JUL 20 A 10:29

SUBJECT: RUAN TRANSPORTATION MANAGEMENT SYSTEMS, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

VICKIE HITCHCOCK

Name of Person

RUAN TRANSPORT CORPORATION

Firm/Company

PO BOX 855

Address

DES MOINES, IA 50306

City/State and Zip code

vhitchco@ruan.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICKIE HITCHCOCK

Name of Person

at (515) 245-2566

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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2001 JUL 20 A 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. RUAN TRANSPORTATION MANAGEMENT SYSTEMS, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. IOWA

(State or country under the law of which it is incorporated)

3. 42-1465570

(FEI number, if applicable)

4. DECEMBER 12, 1996

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. March 2008

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 666 Grand Ave, Ste 3100, Des Moines, IA 50309

(Principal office address)

PO Box 855, Des Moines, IA 50306

(Current mailing address)

8. Transportation Equipment Leasing

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION

(City)

, Florida 33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

6/30/09

Bernadette McNamara

(Registered agent's signature)

Bernadette McNamara
Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: JOHN RUAN III

Address: 666 Grand Ave, Ste 3200
Des Moines, IA 50309

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: RALPH ARTHUR

Address: 666 Grand Ave, Ste 3200
Des Moines, IA 50309

Vice President: RANDY AMBROZIC

Address: 666 GRAND AVE, STE 3100
DES MOINES, IA 50309

Secretary: JOHN RUAN IV

Address: 666 GRAND AVE, STE 3200, DES MOINES, IA 50309

Treasurer: TRACEY BALL

Address: 666 GRAND AVE, STE 3100, DES MOINES, IA 50309

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. TRACEY BALL, TREASURER

(Typed or printed name and capacity of person signing application)

IOWA

SECRETARY OF STATE

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JUL 20 A 10:2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date: 6/24/2009

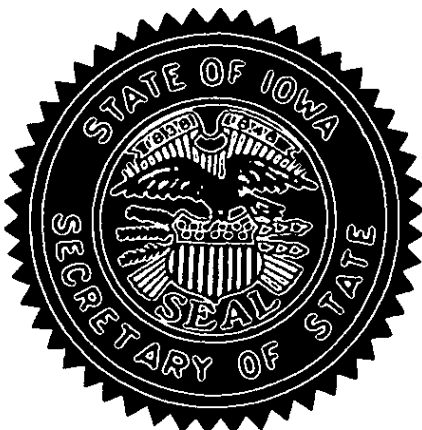
CERTIFICATE OF EXISTENCE

Name: RUAN TRANSPORTATION MANAGEMENT SYSTEMS, INC. (490 DP - 201412)

Date of Incorporation: 12/12/1996

Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.



Michael A. Mauro

MICHAEL A. MAURO SECRETARY OF STATE

