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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000834 (2)

1. Corporation Name

DFC TRANSPORTATION COMPANY



Principal Place of Business

12007 SMITH DR.
HUNTLEY IL 60142

Mailing Address

12007 SMITH DR.
HUNTLEY IL 60142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1993

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

4. FEI Number

36-2947235

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME DEAN, HOWARD M
STREET ADDRESS 3600 N. RIVER RD.
CITY-ST-ZIP FRANKLIN PARK IL 60131

TITLE D ☒ DELETE
NAME ROSE, THOMAS L
STREET ADDRESS 3600 N. RIVER RD
CITY-ST-ZIP FRANKLIN PARK IL

TITLE D ☐ DELETE
NAME RAVENCROFT, THOMAS A
STREET ADDRESS 3600 N. RIVER RD.
CITY-ST-ZIP FRANKLIN PARK IL 60131

TITLE P ☐ DELETE
NAME THOMPSON, HARVEY K
STREET ADDRESS 12007 SMITH DR.
CITY-ST-ZIP HUNTLEY IL 60142

TITLE VP ☐ DELETE
NAME WOOLRIDGE, CECIL
STREET ADDRESS 12007 SMITH DR.
CITY-ST-ZIP HUNTLEY IL 60142

TITLE ☒ DELETE
NAME HECOX, DALE
STREET ADDRESS 3600 N RIVER RD
CITY-ST-ZIP FRANKLIN PARK FL 60131

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Bailey, Richard E.
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME Hitchcock, Cameron C.
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.