

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003788

FILED
Mar 04, 2009
Secretary of State

Entity Name: HERZOG TRANSIT SERVICES, INC.

Current Principal Place of Business:

600 S. RIVERSIDE ROAD
ST JOSEPH, MO 64502

New Principal Place of Business:

600 S. RIVERSIDE ROAD
ST JOSEPH, MO 64507

Current Mailing Address:

P.O. BOX 1089
ST. JOSEPH, MO 64502

New Mailing Address:

P.O. BOX 1089
ST. JOSEPH, MO 64502 10

FEI Number: 43-1649412

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPC () Delete
Name: HERZOG, STANLEY M
Address: 3110 N. RIVERSIDE ROAD
City-St-Zip: ST. JOSEPH, MO 64506

Title: V () Delete
Name: JESTER, NORMAN J
Address: 1100 PARK CENTRAL BLVD., SOUTH, STE 1400
City-St-Zip: POMPANO BEACH, FL 33064

Title: VD () Delete
Name: LANDESS, ALAN L
Address: 600 S. RIVERSIDE ROAD
City-St-Zip: ST. JOSEPH, MO 64507

Title: VD () Delete
Name: SCHMITZ, RONALD A
Address: 44 EASTWOOD DR
City-St-Zip: SAINT JOSEPH, MO 64506

Title: () Delete
Name:
Address:
City-St-Zip:

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: AS () Change (X) Addition
Name: SCHIEBER, PHILLIP E
Address: 600 S RIVERSIDE ROAD
City-St-Zip: ST JOSEPH, MO 64507

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: PHILLIP E SCHIEBER

AS

03/04/2009

Electronic Signature of Signing Officer or Director

_____ Date