

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90030 002 ***150.00

DOCUMENT # F93000005124

1. Entity Name

QUARTX FLEET MANAGEMENT, INC.



Principal Place of Business

1209 ORANGE ST.
WILMINGTON DE 19801

Mailing Address

1 CAMPUS DRIVE
PARSIPPANY NJ 07054
US

2. Principal Place of Business

218 North Jefferson St.

3. Mailing Address

Suite, Apt. #, etc.

Suite 100

City & State

Chicago, IL

Zip

Country

60661

USA

Zip

Country

4. FEI Number

51-0351151

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TDD	<input checked="" type="checkbox"/> Delete
NAME	LUTTHANS, KIM E	
STREET ADDRESS	1209 ORANGE ST.	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUBER, JOSEPH	
STREET ADDRESS	1 CAMPUS DR	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HORNE, A-M	
STREET ADDRESS	1209 ORANGE ST.	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BORREILLO, DOMENIC	
STREET ADDRESS	1209 ORANGE ST.	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theresa Biewer	
STREET ADDRESS	218 North Jefferson St., Suite 100	
CITY-ST-ZIP	Chicago, IL 60661	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Pinahs	
STREET ADDRESS	218 North Jefferson St., Suite 100	
CITY-ST-ZIP	Chicago, IL 60661	
TITLE	Director/President/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melissa M. Stark	
STREET ADDRESS	218 North Jefferson St., Suite 100	
CITY-ST-ZIP	Chicago, IL 60661	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Huber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Huber
Date

Daytime Phone #