

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90120 015 ***550.00

DOCUMENT # F94000000663 1. Entity Name CAROLINA LOGISTICS, INC.					
Principal Place of Business 4055 VALLEY VIEW LN. 5TH FLOOR DALLAS, TX 75244-5048			Mailing Address 4055 VALLEY VIEW LN. 5TH FLOOR DALLAS, TX 75244-5048		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 2601 Pilgrim Court Suite, Apt. #, etc.		
City & State			City & State Winston-Salem, NC		
Zip		Country		Zip 27106	
Country USA		4. FEI Number 75-2449803			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LILLY, TOM 8550 BRYN MAWR SUITE 700 CHICAGO, IL 60631	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P/CEO/D S. Mark Doughton 2601 Pilgrim Ct. Winston-Salem, NC 27106	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO REILLY, DENIS 4055 VALLEY VIEW LN. 5TH FLOOR DALLAS, TX 752445048	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/VP/CFO/D Cynthia E. Tessien 2601 Pilgrim Ct. Winston-Salem, NC 27106	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFT VENHAUS, DONNIE 4055 VALLEY VIEW LN. 5TH FLOOR DALLAS, TX 752445048	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/D Richard P. Fanning 2601 Pilgrim Ct. Winston-Salem, NC 27106	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELLIS, CHRISTOPHER 8550 BRYN MAWR SUITE 700 CHICAGO, IL 60631	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Harold Anderson 4332 Empire Road Ft Worth, Tx 76155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIRD, PAULETTE 4055 VALLEY VIEW LN. 5TH FLOOR DALLAS, TX 752445048	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>S. Mark Doughton</u> S. Mark Doughton 6/30/05 336-770-3500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					