

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90003 031 ***550.00

DOCUMENT

1. Entity Name **F94000001206**
USF Worldwide, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1100 Arlington Hts. Rd.

3. Mailing Address

1100 Arlington Hts. Rd.

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

City & State

Itasca, IL

City & State

Itasca, IL

Zip

60143

Country

U.S.A.

Zip

60143

Country

U.S.A.

4. FEI Number

13-3075047

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	<input checked="" type="checkbox"/> Delete
NAME	Para, Dan	
STREET ADDRESS	790 Busse Rd.	
CITY-ST-ZIP	Elk Grove Village, IL 60007	
TITLE	Vice President	<input checked="" type="checkbox"/> Delete
NAME	Macaluso, Carlos	
STREET ADDRESS	11700 N.W. 100 Rd.	
CITY-ST-ZIP	Medley, FL 33178	
TITLE	Vice President, Finance	<input checked="" type="checkbox"/> Delete
NAME	Wascher, William	
STREET ADDRESS	790 Busse Rd.	
CITY-ST-ZIP	Elk Grove Village, IL 60007	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christensen, Douglas	
STREET ADDRESS	1100 Arlington Hts. Rd. #600	
CITY-ST-ZIP	Itasca, IL 60143	
TITLE	Vice President, Finance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCann, Timothy	
STREET ADDRESS	1100 Arlington Hts. Rd. #600	
CITY-ST-ZIP	Itasca, IL 60143	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pagano, Richard C.	
STREET ADDRESS	8550 W. Bryn Mawr, Chicago, IL 60631	
TITLE	Exec. VP Strategic Plg.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Post, Gerald H.	
STREET ADDRESS	1100 Arlington Hgts. Rd. #600	
CITY-ST-ZIP	Itasca, IL 60143	
TITLE	Exec. VP, Operations	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Simpson, Michael R.	
STREET ADDRESS	1100 Arlington Hgts. Rd. #600	
CITY-ST-ZIP	Itasca, IL 60143	
TITLE	Chief Financial Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ellis, Christopher L.	
STREET ADDRESS	8550 W. Bryn Mawr Rd.	
CITY-ST-ZIP	Chicago, IL 60631	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Timothy M. McCann, VP Finance

630/919-4808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)