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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000003999 (9)

1. Corporation Name
LANDSTAR ITCO, INC.



Principal Place of Business

4057 CARMICHAEL AVE.
PO BOX 898
JACKSONVILLE FL 32207
US

Mailing Address

1000 BRIDGEPORT AVENUE
PO BOX 898
SHELTON CT 06484-0898

3. Date Incorporated or Qualified
08/01/1994

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3256606

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME CROWE, JEFFREY C
STREET ADDRESS 1000 BRIDGEPORT AVENUE
CITY-ST-ZIP SHELTON CT 06484

TITLE PD ☐ DELETE

NAME HERTWIG, JAMES R.
STREET ADDRESS 4057 CARMICHAEL AVENUE
CITY-ST-ZIP JACKSONVILLE FL

TITLE VT ☒ DELETE

NAME MARTIN, JAMES R.
STREET ADDRESS 4057 CARMICHAEL AVENUE
CITY-ST-ZIP JACKSONVILLE FL

TITLE VATD ☐ DELETE

NAME GERKENS, HENRY
STREET ADDRESS 1000 BRIDGEPORT AVENUE
CITY-ST-ZIP SHELTON CT

TITLE VS ☐ DELETE

NAME HARVEY, MICHAEL L.
STREET ADDRESS 1000 BRIDGEPORT AVENUE
CITY-ST-ZIP SHELTON CT

TITLE V ☐ DELETE

NAME LA ROSE, ROBERT C.
STREET ADDRESS 1000 BRIDGEPORT AVE.
CITY-ST-ZIP SHELTON CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT C. LAROSE 203/925-2900

Date

Daytime Phone #

CR2E034 (9/96)