

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006188

FILED
Apr 06, 2006
Secretary of State

Entity Name: NORTH AMERICAN VAN LINES, INC.

Current Principal Place of Business:

5001 US HWY 30 WEST
P.O. BOX 988
FORT WAYNE, IN 468010988 US

New Principal Place of Business:

Current Mailing Address:

5001 US HWY 30 WEST
P.O. BOX 988
FORT WAYNE, IN 468010988 US

New Mailing Address:

FEI Number: 52-1840893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: AT () Delete
Name: HORINA, MICHAEL J
Address: 700 OAKMONT LANE
City-St-Zip: WESTMONT, IL 60559

Title: CFO () Delete
Name: MILEWSKI, RONALD L
Address: 700 OAKMONT LN.
City-St-Zip: WESTMONT, IL 60559

Title: SV () Delete
Name: FORD, RALPH
Address: 700 OAKMONT LN.
City-St-Zip: WESTMONT, IL 60559

Title: VT () Delete
Name: GATHANY, DOUGLAS
Address: 700 OAKMONT LN.
City-St-Zip: WESTMONT, IL 60559

Title: PRES () Delete
Name: MCMAHON, MICHAEL B
Address: 700 OAKMONT LN.
City-St-Zip: WESTMONT, IL 60559

Title: CEO () Delete
Name: KELLEY, BRIAN P
Address: 700 OAKMONT LN.
City-St-Zip: WESTMONT, IL 60559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: KIRKSEY, MICHAEL J
Address: 700 OAKMONT LN.
City-St-Zip: WESTMONT, IL 60559

Title: SV (X) Change () Addition
Name: SPYTEK, ERYK J
Address: 700 OAKMONT LN.
City-St-Zip: WESTMONT, IL 60559

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL J. HORINA

AT

04/06/2006

Electronic Signature of Signing Officer or Director

_____ Date