

F 95000005148

Document Number Only

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1000

City

State

Zip

Phone

CORPORATION(S) NAME

Superior Carriers, Inc.

500001617655

-10/23/95--01046--027

\*\*\*\*\*8.75 \*\*\*\*\*8.75

500001617655

-10/23/95--01046--028

\*\*\*\*\*70.00 \*\*\*\*\*70.00

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☒ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Fic. Name

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Examiner

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W.P. Verifier

10-23

3pm

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CR2E031 (1-89)

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:**

1. Superior Carriers, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Virginia  
(State or country under the law of which it is incorporated)
3. 54-046-4348  
(FEI number, if applicable)
4. May 27, 1946  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification.  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 11 Highway East  
Marion, Virginia 24354  
(Current mailing address)  
To operate motor vehicles for the transport of goods over the highways and public roads in intra- and interstate commerce, and for such other purposes as may be permitted by law.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**  
Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida, 33324  
(Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: Patricia A. Canario

(Registered agent's signature)

PATRICIA A. CANARIO,  
SPECIAL ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: SEE ADDENDUM 12A

Address:

Vice Chairman: N/A

Address:

Director: SEE ADDENDUM 12A

Address:

Director:

Address:

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

Chief Executive Officer:

President: Richard T. Lewis

Address: Superior Carriers, Incorporated, 2122 York Road, Suite 150

Oak Brook, IL 60521

Senior

Vice President: William J. O'Donell

Address: Superior Carriers, Incorporated, 2122 York Road, Suite 150

Oak Brook, IL 60521

Vice President and

Secretary: William R. Lavery

Address: Superior Carriers, Incorporated, 2122 York Road, Suite 150

Oak Brook, IL 60521

Controller and

Treasurer: Gerald W. Doll

Address: Superior Carriers, Incorporated, 2122 York Road, Suite 150

Oak Brook, IL 60521

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. William R. Lavery, Vice President and Secretary  
(Typed or printed name and capacity of person signing application)

ADDENDUM 12A

Chairman:	<u>Richard T. Lewis</u>
Address:	<u>Superior Carriers, Incorporated, 2122 York Road, Suite 150,</u> <u>Oak Brook, IL 60521</u>
Vice Chairman:	<u>N/A</u>
Address:	<u>N/A</u>
Director:	<u>Walter L. Landergan, Jr.</u>
Address:	<u>Rich, May, Bilodeau &amp; Flaherty, P.C., 294 Washington Street,</u> <u>Boston, MA 02108</u>
Director:	<u>Richard T. Lewis</u>
Address:	<u>Superior Carriers, Incorporated, 2122 York Road, Suite 150,</u> <u>Oak Brook, IL 60521</u>
Director:	<u>Kevin P. Newman</u>
Address:	<u>Superior Carriers, Incorporated, 2122 York Road, Suite 150,</u> <u>Oak Brook, IL 60521</u>
Director:	<u>Daniel H. Nitka</u>
Address:	<u>Superior Carriers, Incorporated, 2122 York Road, Suite 150,</u> <u>Oak Brook, IL 60521</u>
Director:	<u>William J. O'Donnell</u>
Address:	<u>Superior Carriers, Incorporated, 2122 York Road, Suite 150,</u> <u>Oak Brook, IL 60521</u>

# Commonwealth of Virginia



## State Corporation Commission

I Certify the Following from the Records of the Commission:

SUPERIOR CARRIERS, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is May 27, 1946.

Nothing more is hereby certified.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT 23 PM 12:26



Signed and Sealed at Richmond  
on this Date: October 16, 1995

*William J. Bridge*  
William J. Bridge, Clerk of the Commission

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **APPROVED AND FILED**

**APPLICATION  
FOR  
REINSTATEMENT**



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

96 NOV -4 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F95000005148**

1. Corporation Name

**SUPERIOR CARRIERS, INC.**

Principal Place of Business

11 HIGHWAY EAST  
MARION VA 24354

Mailing Address

11 HIGHWAY EAST  
MARION VA 24354

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

2122 York Rd  
Suite 150

Suite, Apt. #, etc.

City & State

Oakbrook, IL

Zip

60521

Country

USA

3. New Mailing Office Address, if Applicable

2122 York Rd  
Suite 150

Suite, Apt. #, etc.

City & State

Oakbrook, IL

Zip

60521

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/23/1995

5. FEI Number

54-0464348

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEOC	LEWIS, RICHARD T	2122 YORK ROAD, SUITE 150	OAK BROOK IL 60521
DV	O'DONNELL, WILLIAM J	2122 YORK ROAD, SUITE 150	OAK BROOK IL 60521
VS	LAVERY, WILLIAM R	2122 YORK ROAD, SUITE 150	OAK BROOK IL 60521
CT	DOLL, GERALD W	2122 YORK ROAD, SUITE 150	OAK BROOK IL 60521
D	LANDERGAN, WALTER L JR	294 WASHINGTON STREET	BOSTON MA 02108
D	NEWMAN, KEVIN P	2122 YORK ROAD, SUITE 150	OAK BROOK IL 60521

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

700001398437--9

Suite, Apt. #, Etc.

-11/07/96-01013-006

\*\*\*375.00

\*\*\*375.00

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

TANYA M. VILLAR  
SPECIAL ASSISTANT SECRETARY

Date

10-29-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]*

REQUIRE Treasurer

10-23-96

630-573-2555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR-200-00 (7/96)