FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500006204 (0)

9. Name and Address of Current Registered Agent

USF CARIBBEAN SERVICES INC.

C T CORPORATION SYSTEM

PLANTATION FL 33324

1200 SOUTH PINE ISLAND ROAD

Principal Place of Business Mailing Address 9700 HIGGINS ROAD, STE 570 9700 HIGGINS ROAD, STE 570 ROSEMONT IL 60018 ROSEMONT IL 60018 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3349202 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 26 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 30 X Yes 29 25

85 Zip Code City 84 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 registored 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.

83

Name

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETÉ Change Addition 11 TITLE TITLE CARRUTH, J C NAME 1.2 NAME 9700 HIGGINS ROAD, STE 570 STREET ADDRESS 1.3 STREET ADDRESS **ROSEMONT IL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETÉ Change Addition 2.1 TITLE TITLE ELUS, C L NAME 2.2 NAME 9700 HIGGINS ROAD, STE 570 STREET ADDRESS 2.3 STREET ADDRESS **ROSEMONT IL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE LILLY, THOMAS A NAME 3.2 NAME 9700 HIGGINS ROAD, STE 570 STREET ADDRESS 3.3 STREET ADDRESS ROSEMONT IL 3.4. CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition 4.1 TITLE TITLE PAGANO, RICHARD C 4. 2 NAME NAME 9700 HIGGINS ROAD, STE 570 STREET ADDRESS 4.3 STREET ADDRESS ROSEMONT IL CITY-ST-ZIP 4.4 City-ST-ZIP DELETE Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS

14. Thereby 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 of 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 changes, or produce the same legal effect as if made under oath; that I am an officer or director of the corporation of 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 changes.

SIGNATURE:

CITY-ST-ZIP

C.L. ELLIS

2/16/98

Applied For

Not Applicable

FILED

Mar 04 1998 8:00am

Secretary of State

10. Name and Address of New Registered Agent

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