

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90058 006 ***150.00

DOCUMENT # F95000006204

1. Corporation Name

USF CARIBBEAN SERVICES INC.

Principal Place of Business

9700 HIGGINS ROAD, STE 570
ROSEMONT IL 60018

Mailing Address

9700 HIGGINS ROAD, STE 570
ROSEMONT IL 60018

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1995

4. FEI Number

59-3349202

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CARRUTH, J C
STREET ADDRESS 9700 HIGGINS ROAD, STE 570
CITY-ST-ZIP ROSEMONT IL

☒ DELETE

TITLE VTD
NAME ELLIS, C L
STREET ADDRESS 9700 HIGGINS ROAD, STE 570
CITY-ST-ZIP ROSEMONT IL

☐ DELETE

TITLE V
NAME LILLY, THOMAS A
STREET ADDRESS 9700 HIGGINS ROAD, STE 570
CITY-ST-ZIP ROSEMONT IL

☒ DELETE

TITLE S
NAME PAGANO, RICHARD C
STREET ADDRESS 9700 HIGGINS ROAD, STE 570
CITY-ST-ZIP ROSEMONT IL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE President
1.2 NAME Gerald H. Post
1.3 STREET ADDRESS 2780 Lloyd Road
1.4 CITY-ST-ZIP Jacksonville, FL 32254

☒ Change ☐ Addition

2.1 TITLE Director
2.2 NAME J. C. Carruth
2.3 STREET ADDRESS 9700 Higgins Road, Suite 570
2.4 CITY-ST-ZIP Rosemont, IL 60018

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

Richard C. Pagano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

3-4-99

Date

(847) 692-0286

Daytime Phone #

CR2E034 (11/98)