FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 13, 2001 8:00 am DOCUMENT # F9600000021 **Secretary of State** LANDSTAR LOGISTICS, INC. 02-13-2001 90576 035 ***150.00 Principal Place of Business Mailing Address 13410 SUTTON PARK DRIVE SOUTH % CORPORATE TAX DEPT JACKSONVILLE FL 32224 P O BOX 19135 U\$ JACKSONVILLE FL 32245 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 06-1266583 Not Applicable Zip Country Country Zip \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE ☐ Delete JEFFREY C CROWE 13410 SUTTONPARK DRIVE SOUTH STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32224 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition HERTWIG, JAMES R NAME NAME 13410 SUTTONPARK DRIVE SOUTH STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32224 CITY_ST-ZIP. CITY-ST-ZIP D/V/T X Change TITLE ☐ Delete TITLE Addition GERKENS. HENRY H GERKENS, HENRY H. NAME NAME 13410 SUTTON PARK DRIVE NORTH 13410 SUTTON PARK DRIVE SOUTH STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32224 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL Delete TITLE ☐ Change Maddition TITLE LAROSE, ROBERT C NAME NAME 13410 SUTTON PARK DRIVE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MICHAEL L HARVEY NAME NAME 13410 SUTTON PARK DRIVE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224 CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition HANDOUSH, JIM NAME NAME 13410 SUTTON PARK DRIVE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224 CITY-ST-ZIP 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

ROBERT C. LAROSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904)439829400