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FILED

May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000001371 (1)

1. Corporation Name
SIG LOGISTICS, INC.



Principal Place of Business

Mailing Address

~~925 W. THORNDALE AVE.~~
~~TASCA IL 60143~~

~~925 W. THORNDALE AVE.~~
~~TASCA IL 60143~~

2. Principal Place of Business

21 1630 PRIME CT. STE#100

2a. Mailing Address

26 1630 PRIME CT., STE#100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 100.

27 SUITE 100.

City & State

City & State

23 ORLANDO, FL

28 ORLANDO, FL.

Zip

Country

Zip

Country

24 32809

25 ORANGE

29 32809

30 ORANGE

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/18/1996

3a. Date of Last Report

N/A

4. FEI Number

36-4059083

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
GOTCH, YOSHIO D
STREET ADDRESS
925 W. THORNDALE AVE.
CITY-ST-ZIP
ITASCA IL 60143

TITLE ☐ DELETE

NAME
HIYA, YASUO
STREET ADDRESS
925 W. THORNDALE AVE.
CITY-ST-ZIP
ITASCA IL 60143

TITLE ☐ DELETE

NAME
NAKANISHI, HIROJI
STREET ADDRESS
925 W. THORNDALE AVE.
CITY-ST-ZIP
ITASCA IL 60143

TITLE ☐ DELETE

NAME
REYNOLDS, DONALD
STREET ADDRESS
925 W. THORNDALE AVE.
CITY-ST-ZIP
ITASCA IL 60143

TITLE ☐ DELETE

NAME
ISEKI, TADAO
STREET ADDRESS
925 W. THORNDALE AVE.
CITY-ST-ZIP
ITASCA IL 60143

TITLE ☐ DELETE

NAME
KOBAYASHI, YASUHIRO
STREET ADDRESS
925 W. THORNDALE AVE.
CITY-ST-ZIP
ITASCA IL 60143

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

76 HIRAJI NAKANISHI EVP. & Secretary 4/25/97 (409) 856-8770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)