TO: QUALIFICATION/REGISTRATION SECTION DIVISION OF CORPORATIONS

W96-16912

SUBJECT: Ozinga Transportation Systems, INc.

(Name of corporation)

Name of corporation

(Name of corporation)

Name of corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Susan M. Laetsch

(Name of Person)

(Name of Person)

SCOPELITIS, GARVIN, LIGHT & HANSON, P.C.
(Firm/Company)

10 W. Market Street, 1777 Market Tower
(Address)

Indianapolis, IN 46204-2971
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Susan M. Laetsch at ( 317 ) 637 - 1777

(Name of Person) Area Code & DaytimeTelephone Number

**COURIER ADDRESS:** 

Qualification/Registration Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 **MAILING ADDRESS:** 

Qualification/Registration Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 13, 1996

SCOPELITIS, GARVIN, LIGHT & HANSON, P.C. SUSAN M. LAETSCH 10 W. MARKET ST., 1777 MARKET TOWER INDIANAPOLIS, IN 46204-2971

SUBJECT: OZINGA TRANSPORTATION SYSTEMS, INC. Ref. Number: W96000016912

We have received your document for OZINGA TRANSPORTATION SYSTEMS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (904) 487-6093.

Freta Lott Corporate Specialist Supervisor

Letter Number: 996A00038503

# 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.	Ozinga Transportation Systems, Inc.
	Ozinga Transportation Systems, 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	(State or country under the law of which it is incorporated)  3. 36-3506930  (FEI number, if applicable)
	(Sinte of country under the leavest which the management of the leavest with the leavest wi
4	. 2/9/87 5. Perpetual. So to to the perpetual (Duration: Year corp. will cease to exector perpetual)
	(Date of Incorporation)
6	Upon approval of application.  (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, 75.)
7	12843 S. Pulaski Road
	Alsip, IL 60658
	(Current mailing address)
	y and the second many
8	Provide for-hire motor carrier transportation services.  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
	(Purpose(s) of corporation additionable in thems of the second of the se
9	Name and street address of Florida registered agent:
	Name: George Pheker
	Office Address: ICO915W 158 Teppage
	(Zip Code)
	(Zip Code) 13
•	10. Registered agent's acceptance:
1	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 oppositions
	The state of the proper and complete periodical of the government of the state of t
•	of all statutes relative to the proper and complete with and accept the obligations of my position as registered agent.
	(Registered agent's signature)
	(Registered agent's signature)
	11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to
	11. Attached is a certificate of existence duly admended that more than 30 of the official delivery of this application to the Department of State, by the Secretary of State or other official delivery of this application to the Department of State, by the Secretary of State or other official delivery of this application to the Department of State, by the Secretary of State or other official delivery of this application to the Department of State, by the Secretary of State or other official delivery of this application to the Department of State, by the Secretary of State or other official delivery of this application to the Department of State, by the Secretary of State or other official delivery of this application to the Department of State, by the Secretary of State or other official delivery of this application to the Department of State, by the Secretary of State or other official delivery of this application to the Department of State, by the Secretary of State or other official delivery of this application to the Department of State, by the Secretary of State or other official delivery of this application to the Department of State or other official delivery of the Secretary of State or other official delivery of the Secretary of State or other official delivery of the Secretary of State or other official delivery of the Secretary of State or other official delivery of the Secretary of State or other official delivery of the Secretary of State or other official delivery of the Secretary of State or other official delivery of the Secretary of State or other official delivery of the Secretary of State or other or othe
	delivery of this application to the Department of State, by the Secretary of State o

12.	Names	and	addresses	of officers	and/or	directors:
	11011103	4114	444103303	O O O I II CO I A	ana/u	un culuia.

12.	12. Names and addresses of officers and/or directors:						
A.	DIRECTORS						
	Chairman:	Martin Ozinga, III					
	Address:	12843 S. Pulnski Rond					
		Alsip, IL 60658	<del></del>				
	Vice Chair	man:					
	Address: _	***	<del></del>				
	Director: _	James A. Ozinga					
	Address: _	12843 S. Pulaski Road					
	-	Alsip, II, 60658					
	Director: _	Richard K. Ozines					
	Address: _	12843 S. Pulaski Road					
	-	Alsip, IL 60658	<del></del>				
B.	OFFICERS						
	President:	Martin Ozinga, III					
	Address: _	12843 S. Pulaski Road	ATLYHY VECKET 96 NOV				
	_	Alsip, IL 60658	V26				
		dent: Richard Jousna	-				
	Address: _	12843 S. Pulaski Road	AHII: 48 EE.FLORIII				
		Alsip, IL 60658	AHIII: 48 OF STATE EFFLORIDI				
	Secretary:	Richard K. Ozinga	<del></del>				
	Address:	12843 S. Pulaski Road	•				
		Alsip, IL 60658	<u> </u>				
	Treasurer	Donald_VanDyke	· · · · · · · · · · · · · · · · · · ·				
	Address:	12843 S. Pulaski Road	<del></del>				
		Alsip, IL 60658					
	E: If necessary, you r r directors.	nay attach an addendum to the application	listing additional offic				
13.	Chicad X	VICE-PRES					
(5)	ignature of Chairman, Vice	Chairman, or any officer listed in number 12 of the a	ipplication)				

RICHARO JOUSMA VICE - PRES

(Typed or printed name and capacity of person signing application)

## OFFICE OF THE SECRETARY OF STATE

### CERTIFICATE OF AUTHORIZATION

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

## OZINGA TRANSPORTATION SYSTEMS, INC.

is a corporation duly organized under the laws of the State of Illinois, received its Certificate of Authority on April 25, 1990, and is a corporation authorized to transact business in the State of Indiana.

I further certify this sorrell
report required by Indiana law with the Secretary of State, or Prorequired to file such annual reports, and that an Application
Certificate of Withdrawal has not been filed.

ARTHARY
CETA I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or so not yet **K**t



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-first day of November, 1996.

Sue ann Hillas SUE ANNE GILROY, Secretary of State