


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90369 001 ***317.50

DOCUMENT # F97000005080		
1. Entity Name LESAINT LOGISTICS TRANSPORTATION, INC.		

66004484



02042006 Chg-P CR2E034 (11/05)

Principal Place of Business 2702 DIRECTORS ROW ORLANDO, FL 32809		Mailing Address 95 S ROUTE 83 GRAYSLAKE, IL 60030 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 31-1013129	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHAMBERS, JERRY 2702 DIRECTORS ROW ORLANDO, FL 32809		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ANGER, HANS A JR 95 S ROUTE 83 GRAYSLAKE, IL 60030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENNINGTON, JEFF 95 S ROUTE 83 GRAYSLAKE, IL 60030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2570 Northwest Parkway Elgin, IL 60123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOETSCH, CHARLES L 95 S ROUTE 83 GRAYSLAKE, IL 60030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PURDY, LON J 95 S ROUTE 83 GRAYSLAKE, IL 60030 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP-CFO ST GEORGE KAPITZKY 95 S ROUTE 83 GRAYSLAKE IL 60030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOS WILSON, SCOTT 95 S ROUTE 83 GRAYSLAKE, IL 60030 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP-OPS Steve Brunkh 4487 LeSaint Ct. Fairfield, OH 45014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, BRIAN 4487 LASAINT COURT FAIRFIELD, OH 45014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP-Sales Dino Moler 4487 LeSaint Ct. Fairfield, OH 45014

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **2/16/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #