

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002932

FILED
Feb 13, 2007
Secretary of State

Entity Name: THYSSENKRUPP LOGISTICS, INC.

Current Principal Place of Business:

22355 WEST 11 MILE ROAD
SOUTHFIELD, MI 48034

New Principal Place of Business:

22355 WEST 11 MILE ROAD
SOUTHFIELD, MI 48033

Current Mailing Address:

3155 WEST BIG BEAVER ROAD
SUITE 100
TROY, MI 48084

New Mailing Address:

FEI Number: 52-2107657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREAVES, RICHARD J
Address: 22355 W 11 MILE RD.
City-St-Zip: SOUTHFIELD, MI 480344735

Title: VPD () Delete
Name: BABER, JAMES
Address: 22355 W. 11 MILE ROAD
City-St-Zip: SOUTHFIELD, MI 48034

Title: STD () Delete
Name: GILL, A. MALCOLM
Address: 22355 W 11 MILE RD.
City-St-Zip: SOUTHFIELD, MI 480344735

Title: TREA () Delete
Name: JOHNSON, CHRISTOPHER
Address: 22355 W 11 MILE RD.
City-St-Zip: SOUTHFIELD, MI 480344735

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GREAVES, RICHARD J
Address: 22355 W 11 MILE RD.
City-St-Zip: SOUTHFIELD, MI 48033

Title: VPD (X) Change () Addition
Name: BABER, JAMES
Address: 22355 W. 11 MILE ROAD
City-St-Zip: SOUTHFIELD, MI 48033

Title: STD (X) Change () Addition
Name: GILL, A. MALCOLM
Address: 22355 W 11 MILE RD.
City-St-Zip: SOUTHFIELD, MI 48033

Title: TREA (X) Change () Addition
Name: JOHNSON, CHRISTOPHER
Address: 22355 W 11 MILE RD.
City-St-Zip: SOUTHFIELD, MI 48033

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER JOHNSON

T

02/13/2007

Electronic Signature of Signing Officer or Director

_____ Date