2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7735 WINTON DRIVE 1735 WINTON DRIVE INDIANAPOLIS IN 46268 INDIANAPOLIS IN 46268  2. Principal Place of Business 3. Mailing Address	DOCUMENT # F98000004431  1. Entity Name GODFREY TRANSPORT, INC.				FILED  03 DEC 24 PM 2: 02	
Sules, Apt. F. 602.  A. FEI Number of 35-204 1186  A. FEI Number of 35-204	7735 WINTON DRIVE		7735 WINTON DRIVE		OS DEC 24 T. SECRETARY OF STATE SECRETARY OF STATE TALL AHASSEE, FLORIDA	
Solie, Apt. # 6C.  City & State  City Country  City  Country  City  Country  City  City  City  FL  City  City  FL  City  City  FL  City  FL  City  FL  City  FL  City  FL  City  FL  C			ONE KELLOGG SQUARE		10/2403 0/2070/2 750.00	
Country   Zip   Country   Zip   Country   Zip   Country   Apollo   S. Certificate of Status Page   S. E. T.S. Applications   S. E. E. T.S. Applications   S. E. T.S. Applications   S. E. T.S. Applications   S. E. T.S. Applications   S. E. E. E. T.S. Applications   S. E. T.S. Applications   S. E. E. E. T.S. Applications   S. E. E. E. E. E. T.S. Applications   S. E. E. E. E. E. T.S. Applications   S. E.	Suite, Apt. #, etc.		Suite, Apt. #, etc.			
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The Address of Surrent Registered Agent  1. Name and Address of New Registered Agent  1. Name and Addres	City & State				30-2041186	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324  City  FL Zin 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. I am familiar with, and accept the obligations of preprintened agent.  SIGNATURE:  SI	Zip	Country				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324  City  FL  City  FL  Zin 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. I am familiar with, and accept the obligations prepistered agent.  BECHALL WHITE  Signature To accept the obligations prepistered agent.  BECHALL WHITE  Signature To accept the obligations prepistered agent.  BECHALL WHITE  Signature To accept the obligations prepistered agent.  BECHALL WHITE  Signature To accept the obligations prepistered agent.  BECHALL WHITE  Signature To accept the obligations prepistered agent.  BECHALL WHITE  Signature To accept the obligations prepistered agent.  BECHALL WHITE  Signature To accept the obligations prepistered agent.  BECHALL WHITE  Signature To accept the obligations prepistered agent.  BECHALL WHITE  Signature To accept the obligations prepistered agent.  BECHALL WHITE  Signature To accept the obligations prepistered agent.  BECHALL WHITE  Signature To accept the obligations and accept the obligations prepistered agent.  BECHALL WHITE  Signature To accept the obligations and accept the obligations prepistered agent.  BECHALL WHITE  Signature To accept the obligations and accep		6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent	
PLANTATION FL 33324  City FL Zip Code  8. The above named entity submits this statesymm for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations physicistered agent and the implication.  Break White State of Florida. I am familiar with, and accept the obligations physicistered agent or provincing the submitted agent of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations physicistered agent or the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations physicistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations physicistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations physicistered agent.  Break L White State of Florida. I am familiar with, and accept the obligations physicistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations physicistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations physicistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations physicistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations physicistered agent, or both, in the State of Florida. I and accept the physicister agents of Florida. I and accept the physicister a	C T CORPORATION SYSTEM Street					
8. The above named entity subm its this stateryent 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 or registered agent.  SIGNATURE  SIGNAT						
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. Familiar with, and accept the obligations changing interest agent.    SIGNATURE     SIGNATURE	PLANIAII	UN FL 33324		City	FL Zip Code	
TITLE MARTINEZ, MAGIN J ONE HOLLOW TREE LN. ECHY-ST-ZIP TREAT ADDRESS CITY-ST-ZIP TREAT ADDRESS CITY-ST-ZIP TREET ADDRESS CITY-ST-ZIP TITLE  VPAT PILNICK, GARY H PILNICK, GARY H PILNICK, GARY H PILNICK, GARY H STREET ADDRESS CITY-ST-ZIP BATTLE CREEK MI 49016-3599  TITLE  DESCRIPTIONESS CITY-ST-ZIP  DESCRIPTIONESS CITY-ST-ZIP	SIGNATURE Signature, typed or printer name of registered agent and title if applicable.  Signature, typed or printer name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  PARTIE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  9. Election Campaign Financing Trust Fund Contribution  Added to Fees					
MARTINEZ, MAGIN J ONE HOLLOW TREE LN.  STREET ADDRESS ONE HOLLOW TREE LN.  STREET ADDRESS OTT-ST-ZIP  MARTINEZ, MAGIN J ONE HOLLOW TREE LN.  STREET ADDRESS OTT-ST-ZIP  MARTINEZ, MAGIN J ONE HOLLOW TREE LN.  STREET ADDRESS OTT-ST-ZIP  MARTINEZ, MAGIN J ONE HOLLOW TREE LN.  STREET ADDRESS OTT-ST-ZIP  MARTINEZ, MAGIN J ONE HOLLOW TREE LN.  STREET ADDRESS OTT-ST-ZIP  MAME  PILATE  D  MARTINEZ, MAGIN J ONE HOLLOW TREE LN.  STREET ADDRESS OTT-ST-ZIP  MAME  STREET ADDRESS OTT-ST-ZIP  MAGINION  MAME  STREET ADDRESS OTT-ST-ZIP  MAGINION  MA	10.	OFFICERS AND D	DIRECTORS	11.		
NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	MARTINEZ, MAGIN J ONE HOLLOW TREE LN.	☐ Delete	NAME STREET ADDRESS	DIM HOLTON SO.	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME PERRY, W. STEPHEN 1 KELLOGG SQUARE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T FORTUNA, STEVE 677 LARCH AVENUE ELMHURST IL 60126  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AD	NAME STREET ADDRESS	TRACY, PRESTON 677 LAREN AVENUE	<b>Æ</b> Delete	NAME STREET ADDRESS	DOEL WITTENBERG ONE KELLOGG Sa.	
NAME STREET ADDRESS 1 KELLOGG SQUARE STREET ADDRESS CITY-ST-ZIP BATTLECREEK MI 49016-3599 CITY-ST-ZIP ELMHURST TL 60106  TITLE NAME SPATZ, JOANNE STREET ADDRESS CITY-ST-ZIP BATTLECREEK MI 49016-3599 CITY-ST-ZIP BATTLECREEK MI 49016-3599  TITLE T Delete TITLE TORTUNA, STEVE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP ELMHURST IL 60126  NAME STREET ADDRESS CITY-ST-ZIP BATTLE CREEK MI 49016-3599  TITLE T DELETE TITLE TORTUNA, STEVE STREET ADDRESS CITY-ST-ZIP BATTLE CREEK MI 49016-3599  NAME STREET ADDRESS CITY-ST-ZIP BATTLE CREEK MI 49016-3599  NAME STREET ADDRESS CITY-ST-ZIP BATTLE CREEK MI 49016	NAME STREET ADDRESS	PILNICK, GARY H 1 KELLOGG SQUARE	. ^ * □ Delete	NAME STREET ADDRESS	500023997515	
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME FORTUNA, STEVE STREET ADDRESS CITY-ST-ZIP FUNDA STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP FORTUNA, STEVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SATTLE CREEK MI 49016  NAME JOHN F. KOLLING STREET ADDRESS CITY-ST-ZIP SATTLE CREEK MI 49016	NAME STREET ADDRESS	PERRY, W. STEPHEN 1 KELLOGG SQUARE	<b>⊠</b> Delete	NAME STREET ADDRESS	TREASURER Addition  RANDY SKIENDZIEL  611 LARCH AVE.  EMHURST, IL 60106	
NAME FORTUNA, STEVE STREET ADDRESS 677 LARCH AVENUE CITY-ST-ZIP ELMHURST IL 60126  NAME JOHN F. KOLLING ONE KELLOGG SQUARE CITY-ST-ZIP BATTLE CREEK 11 49016	NAME STREET ADDRESS	SPATZ, JOANNE 1 KELLOGG SQUARE BATTLECREEK MI 49016-3599	☐ Delete	NAME STREET ADDRESS	,	
	NAME STREET ADDRESS CITY-ST-ZIP	FORTUNA, STEVE 677 LARCH AVENUE ELMHURST IL 60126		NAME STREET ADDRESS CITY-ST-ZIP	JOHN F. KOLLING ONE KELLOGG SQUARE BATTLE CREEK, MI 49016	

of the corporation or the receiver or frustee 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:**