

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90030 038 ***550.00

DOCUMENT # **F98000006073**

1. Corporation Name

USF SEKO WORLDWIDE INC.

Principal Place of Business

**790 BUSSE RD.
ELK GROVE VILLAGE IL 60007**

Mailing Address

**790 BUSSE RD.
ELK GROVE VILLAGE IL 60007**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1998

4. FEI Number

36-3559468

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

1 Suite, Apt. #, etc.

3 City & State

1 Zip

Country

1

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CARRUTH, J.C.	
STREET ADDRESS	790 BUSSE RD.	
CITY-STATE-ZIP	ELK GROVE VILLAGE IL 60007	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIS, C.L.	
STREET ADDRESS	790 BUSSE RD.	
CITY-STATE-ZIP	ELK GROVE VILLAGE IL 60007	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PARA, DANIEL	
STREET ADDRESS	790 BUSSE RD.	
CITY-STATE-ZIP	ELK GROVE VILLAGE IL 60007	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WASCHER, WILLIAM J	
STREET ADDRESS	790 BUSSE RD.	
CITY-STATE-ZIP	ELK GROVE VILLAGE IL 60007	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	POST, GERALD H	
STREET ADDRESS	790 BUSSE RD.	
CITY-STATE-ZIP	ELK GROVE VILLAGE IL 60007	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HERRON, DANIEL J JR.	
STREET ADDRESS	790 BUSSE RD.	
CITY-STATE-ZIP	ELK GROVE VILLAGE IL 60007	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

4. I 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: William J. Wascher (William J. Wascher) 7/1/99

(847) 806 4800

CR2E034 (5/99)

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