

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90013 040 \*\*\*150.00

**DOCUMENT # F99000000655**

1. Entity Name  
USF LOGISTICS SERVICES INC.



Principal Place of Business  
2122 YORK RD., STE. 300  
HINSDALE, IL 60523 US

Mailing Address  
2122 YORK RD., STE. 300  
HINSDALE, IL 60523 US



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-2840397

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LILLY, TOM  
STREET ADDRESS 2122 YORK RD., STE. 300  
CITY-ST-ZIP OAK BROOK, IL 60523

TITLE VPF  
NAME RHEEL, CHRISTOPHER H  
STREET ADDRESS 2122 YORK RD., STE. 300  
CITY-ST-ZIP OAK BROOK, IL 60523

TITLE V  
NAME EVERSMAN, MIKE  
STREET ADDRESS 2122 YORK RD., STE. 300  
CITY-ST-ZIP OAK BROOK, IL 60523

TITLE V  
NAME DAVIS, CHARLES E  
STREET ADDRESS 2122 YORK RD., STE. 300  
CITY-ST-ZIP OAK BROOK, IL 60523

TITLE VP  
NAME LANDEGO, KENNETH  
STREET ADDRESS 2122 YORK RD., STE. 300  
CITY-ST-ZIP OAK BROOK, IL 60523

TITLE S  
NAME PAGANO, RICHARD C  
STREET ADDRESS 8550 W. BRYN MAWR  
CITY-ST-ZIP CHICAGO, IL 60631

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IN THIS SPACE**

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHRISTOPHER H. REHL

1/12/04 630-754-3000