

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000380

FILED
Apr 02, 2009
Secretary of State

Entity Name: TOTAL LOGISTIC CONTROL, LLC

Current Principal Place of Business:

8300 LOGISTIC DRIVE
ZEELAND, MI 49464

New Principal Place of Business:

10717 ADAMS ST, STE 200
HOLLAND, MI 49423

Current Mailing Address:

ATTN CORP TAX
PO BOX 20
BOISE, ID 83726

New Mailing Address:

FEI Number: 36-4217230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: P/D () Delete
Name: WESTERMANN, PETER
Address: 8300 LOGISTIC DR
City-St-Zip: ZEELAND, MI 49464

Title: V () Delete
Name: BORMAN, KAREN T
Address: 11840 VALLEY VIEW ROAD
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: V () Delete
Name: TROYER, DOYLE J
Address: 250 PARKCENTER BLVD
City-St-Zip: BOISE, ID 83706

Title: V/T () Delete
Name: BOYD, JOHN F
Address: 250 PARKCENTER BLVD
City-St-Zip: BOISE, ID 83706

Title: V/S () Delete
Name: BREEDLOVE, JOHN P
Address: 11840 VALLEY VIEW ROAD
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: V () Delete
Name: DESMOND, MATTHEW R
Address: 11840 VALLEY VIEW ROAD
City-St-Zip: EDEN PRAIRIE, MN 55344

ADDITIONS/CHANGES:

Title: MGRP (X) Change () Addition
Name: WESTERMANN, PETER
Address: 10717 ADAMS ST, STE 200
City-St-Zip: HOLLAND, MI 49423

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BOEHNEN, DAVID L
Address: 11840 VALLEY VIEW ROAD
City-St-Zip: EDEN PRAIRIE, MN 55344

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DOYLE J TROYER

V

04/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date