

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002783

Entity Name: UNITED VAN LINES, LLC

FILED  
Mar 25, 2009  
Secretary of State

## Current Principal Place of Business:

ONE UNITED DR.  
FENTON, MO 63026

## New Principal Place of Business:

ONE UNITED DRIVE  
FENTON, MO 63026

## Current Mailing Address:

ONE UNITED DR.  
FENTON, MO 63026

## New Mailing Address:

ONE UNITED DRIVE  
FENTON, MO 63026

FEI Number: 43-1881477

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: MGRM ( ) Delete  
Name: TRANSPORTATION SERVI, CES GROUP, INC .  
Address: ONE PREMIER DR.  
City-St-Zip: FENTON, MO 63026

Title: MGR ( ) Delete  
Name: MCCLURE, RICHARD H  
Address: ONE PREMIER DRIVE  
City-St-Zip: FENTON, MO 63026

Title: MGR ( ) Delete  
Name: LARCH, PATRICK J JR.  
Address: ONE PREMIER DRIVE  
City-St-Zip: FENTON, MO 63026

Title: MGR ( ) Delete  
Name: SABADA, DAVID S  
Address: 545 LEFFINGWELL AVENUE  
City-St-Zip: KIRKWOOD, MO 63122

Title: MGR ( ) Delete  
Name: HERMAN, STEVEN A  
Address: 3403 EAST ROSSER AVENUE  
City-St-Zip: BISMARCK, ND 58501

Title: MGR ( ) Delete  
Name: SMITH, GEORGE F  
Address: ONE PREMIER DRIVE  
City-St-Zip: FENTON, MO 63026

## ADDITIONS/CHANGES:

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

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

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: GEORGE F SMITH

MGR

03/25/2009

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