


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90119 023 \*\*\*\*50.00

<b>DOCUMENT # M06000002314</b>	
1. Entity Name <b>US 1 LOGISTICS, LLC</b>	

Principal Place of Business <b>1000 COLFAX STREET GARY, IN 46406</b>	Mailing Address <b>1000 COLFAX STREET GARY, IN 46406</b>
---	---

00000000



2. Principal Place of Business - No P.O. Box # <b>336 West U.S. 30</b>	3. Mailing Address <b>336 West U.S. 30</b>
Suite, Apt. #, etc. <b>201</b>	Suite, Apt. #, etc. <b>201</b>

03072007 Chg-LLC CR2E083 (12/06)

City & State <b>Valparaiso IN</b>	City & State <b>Valparaiso IN</b>
Zip <b>46385</b>	Zip <b>46385</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>20-2131346</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>GASTER, MIKE 280 BUSINESS PARK CIRCLE STE 406 ST. AUGUSTINE, FL 32095</b>	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> Zip 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 registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTONSON, HAROLD 1000 COLFAX STREET GARY, IN 46406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>336 West U.S. 30, Suite 201 Valparaiso IN 46385</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIBLER, MICHAEL 1000 COLFAX STREET GARY, IN 46406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>336 West U.S. 30, Suite 201 Valparaiso IN 46385</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**  **Linda S. Kibler** 3/7/07 219-476-1324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #