

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001813

FILED
Mar 28, 2009
Secretary of State

Entity Name: TRANSPORTATION LOGISTICS COMPANY, LLC

Current Principal Place of Business:

1015 A STREET
TACOMA, WA 98402

New Principal Place of Business:

Current Mailing Address:

1015 A STREET
TACOMA, WA 98402

New Mailing Address:

FEI Number: 26-1852032 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: MGR () Delete
Name: WHEELER, NOEL
Address: 10539 PROFESSIONAL CIRCLE, SUITE 200
City-St-Zip: RENO, NV 89521

Title: MGR () Delete
Name: CURTISS, MARK
Address: 1015 A STREET
City-St-Zip: TACOMA, WA 98402

Title: MGR () Delete
Name: DEFEBAUGH, JAMES E
Address: 1015 A STREET
City-St-Zip: TACOMA, WA 98402

Title: MGR (X) Delete
Name: GAFFORD, DERREK L
Address: 1015 A STREET
City-St-Zip: TACOMA, WA 98402

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WHEELER, NOEL
Address: 1015 A STREET
City-St-Zip: TACOMA, WA 98402

Title: MGR (X) Change () Addition
Name: GAFFORD, DERREK
Address: 1015 A STREET
City-St-Zip: TACOMA, WA 98402

Title: MGR (X) Change () Addition
Name: DEFEBAUGH, JIM
Address: 1015 A STREET
City-St-Zip: TACOMA, WA 98402

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: JANE LOUIS

POA

03/28/2009

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