2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M98000000405

1. Entity Name
MBX LOGISTICS, L.L.C.

Principal Place of Business	Mailing Address
9500 WEST BRYN MAWR AVE SUITE 700 ROSEMONT, IL 60018	9500 WEST BRYN MAWR AVE SUITE 700 ROSEMONT, IL 60018

DO NOT WRITE IN THIS SPACE

03242004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
36-4221613	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

Filing Fee is $50.00
Due by May 1, 2004

U00000039258
03/30/04-80006-009 50.00

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	THE MARTIN-BROWER COMPANY
STREET ADDRESS	9500 WEST BRYN MAWR AV SUITE 700
CITY-ST-ZIP	ROSEMONT, IL 60018

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. 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 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: _Nicholas J. Naumesti_, SR VP, GC + SECR   3-24-04   847-227-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #