2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

address, with all other like empowered

Apr 04, 2002 8:00 am ⁵ Secretary of State DOCUMENT # **N93000003288** 1. Entity Name INROADS/SOUTH FLORIDA, INC. 04-04-2002 90012 046 ****61.25 Principal Place of Business Mailing Address 501 BRICKELL KEY DRIVE 10 SOUTH BROADWAY. SUITE 700 SUITE 403 ATTN: PATSY A.W. PHILLIPS MIAMI FL 33131 ST. LOUIS MO 63102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 43-1631105 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. **PLANTATION FL 33324** 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. SIGNĄTURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition STORY, CHARLES I NAME NAME 315 DEADERICK, STE, 1240 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37238 TITLE SD ☐ Delete TITI F ☐ Change ☐ Addition NAME ROSSITER, PETER L NAME STREET ADDRESS 50 SOUTH LASALLE ST. M809 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60675 ☐ Change _ Delete ☐ Addition TITLE TITI F BIJOU, PAUL NAME NAME 1 SYLVAN WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PARSIPPANY NJ 07054 CITY-ST-ZIP MD ☐ Delete TITLE Change ☐ Addition TITLE LESESNE, TONY C NAME NAME 501 BRICKELL KEY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33131 ☐ Delete TITLE TITLE ☐ Change Addition JACKSON, OTIS A NAME NAME STREET ADDRESS 10 S BROADWAY SUITE 700 STREET ADDRESS CITY-ST-ZIP SAINT LOUIS MO 63102 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Daytime Phone #

Alfachment Suct N9300000328

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Ryder System, Inc.

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Board Treasurer
Board Secretary
Alumni Rep

Intern Rep