

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08922

FILED
Feb 09, 2012
Secretary of State

Entity Name: NNR GLOBAL LOGISTICS USA INC.

Current Principal Place of Business:

450 EAST DEVON
SUITE 260
ITASCA, IL 60143 US

New Principal Place of Business:

Current Mailing Address:

450 EAST DEVON
SUITE 260
ITASCA, IL 60143 US

New Mailing Address:

FEI Number: 36-2719768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: D
Name: OGATA, JUNICHI
Address: HOOK CREEK BLVD & 145THAVE #C-1A
City-St-Zip: NEW YORK, NY 11581 US

Title: PSD
Name: OKI, KENJI
Address: 450 EAST DEVON AVE., SUITE 260
City-St-Zip: ITASCA, IL 60143 US

Title: D
Name: HADLEY, ANDREW
Address: 1936 S. LYNHURST, SUITE M
City-St-Zip: INDIANAPOLIS, IN 46241 US

Title: D
Name: TAKAKI, EIJI
Address: MITSUI 2ND ANNEX,4-20 NIHONBASHIHONGOKUCHO
City-St-Zip: 4-CHOME, CHUO-KU, TOYKO, JA 103-0021 JP

Title: D
Name: SHIN, TOSHIAKI
Address: MITSUI 2ND ANNEX,4-20 NIHONBASHIHONGOKUCHO
City-St-Zip: 4-CHOME, CHUO-KU, TOYKO, JA 103-0021 JP

Title: T
Name: ARAKI, TOHRU
Address: 450 E DEVON AVE., SUITE 260
City-St-Zip: ITASCA, IL 60143 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KENJI OKI

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02/09/2012

Electronic Signature of Signing Officer or Director

_____ Date