FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P20370** **(3)**

1. Corporation Name
MILL TRANSPORTATION COMPANY

Principal Place of Business	Mailing Address
11305 FRANKLIN AVENUE FRANKLIN PARK IL 60131	11305 FRANKLIN AVENUE FRANKLIN PARK IL 60131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/05/1988**
3a. Date of Last Report: **03/04/1994**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **36-3226281** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WALKER, ALFRED L.
1001 N.W. 58TH CT
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President	☒ Change ☐ Addition
NAME	HUBBELL, WM. R.	1.2 NAME	Alfred L. Walker	
STREET ADDRESS	9 GRAYVIK DR.,OCEAN REEF	1.3 STREET ADDRESS	Box 5540 RFD	
CITY-ST-ZIP	N KEY LARGO FL	1.4 CITY-ST-ZIP	Long Grove, IL 60047	
TITLE	VPA	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	PASINSKI, DIANE M.	2.2 NAME	Diane Pasinski	
STREET ADDRESS	1200 INVERNESS LN	2.3 STREET ADDRESS	1200 Inverness	
CITY-ST-ZIP	ITASCA IL	2.4 CITY-ST-ZIP	Itasca, IL 60145	
TITLE	ST	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	WALKER, ALFRED L.	3.2 NAME	JoEllen Ridder	
STREET ADDRESS	5540 PRAIRIEMOOR	3.3 STREET ADDRESS	138 Marion	
CITY-ST-ZIP	LONG GROVE IL	3.4 CITY-ST-ZIP	Bartlett, IL 60103	
TITLE		4.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME		4.2 NAME	Kyle D. Grove	
STREET ADDRESS		4.3 STREET ADDRESS	1608 Pinnsbury A1	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Wheeling, IL 60090	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alfred L. Walker 4/27/95 708-451-9000
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR Date Daytime Phone #

0448441 PP