

**ANNUAL REPORT
1985**

Florida B. McKinstry
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAY -1 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33779

(0)

1. Corporation Name

TNT CONTRACT LOGISTICS INC.

Principal Place of Business

~~1137 OLD MCHENRY RD.
BUFFALO GROVE IL 60089~~
3880 Salem Lake Dr.
Long Grove, IL 60047
US

Mailing Address

~~1137 OLD MCHENRY RD.
BUFFALO GROVE IL 60089~~
3880 Salem Lake Dr.
Long Grove, IL 60047
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/26/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **36-3677224** 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CHRISTENSEN, DOUGLAS E**
STREET ADDRESS **1137 OLD MCHEMRY RD-**
CITY - ST - ZIP **BUFFALO GROVE IL**

TITLE **V**
NAME **ELLIS, CHRISTOPHER L.**
STREET ADDRESS **9700 HIGGINS RD. #570**
CITY - ST - ZIP **ROSEMONT IL**

TITLE **V**
NAME **MOORE, JAMES**
STREET ADDRESS **1137 OLD MCHEMRY RD**
CITY - ST - ZIP **BUFFALO GROVE IL**

TITLE **S**
NAME **BAILEY, B. CARLTON J**
STREET ADDRESS **9700 HIGGINS RD. #570**
CITY - ST - ZIP **ROSEMONT IL**

TITLE **D**
NAME **OWEN, S.**
STREET ADDRESS **9700 HIGGINS RD. #570**
CITY - ST - ZIP **ROSEMONT IL**

TITLE **D**
NAME **CARRUTH, J.C.**
STREET ADDRESS **9700 HIGGINS RD 570**
CITY - ST - ZIP **ROSEMONT IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Christensen, Douglas E.**
1.3 STREET ADDRESS **3880 Salem Lake Drive**
1.4 CITY - ST - ZIP **Long Grove, IL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE **J** ☒ Change ☐ Addition
3.2 NAME **Moore, James**
3.3 STREET ADDRESS **3880 Salem Lake Drive**
3.4 CITY - ST - ZIP **Long Grove, IL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Pagano, Richard**
4.3 STREET ADDRESS **9700 Higgins Rd. #570**
4.4 CITY - ST - ZIP **Rosemont, IL**

5.1 TITLE **Controller** ☐ Change ☒ Addition
5.2 NAME **Karen L. Dague**
5.3 STREET ADDRESS **3880 Salem Lake Dr**
5.4 CITY - ST - ZIP **Long Grove IL 60047**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(k), 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:

Karen L. Dague
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen L. Dague

04/27/95

(100) 726-4500