

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P34198

1. Entity Name
GEOLOGISTICS AMERICAS INC.



Principal Place of Business
**1251 E DYER ROAD
SANTA ANA, CA 92705**

Mailing Address
**1251 E DYER ROAD
SANTA ANA, CA 92705**

DO NOT WRITE IN THIS SPACE



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
95-2920613

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
STE. 105
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000562968
05/19/06-80076-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	LEIVICI, ALEX
STREET ADDRESS	1251 E. DYER ROAD, STE 200
CITY - ST - ZIP	SANTA ANA, CA 92705
TITLE	VP
NAME	BIBLE, MICHAEL
STREET ADDRESS	1251 E. DYER RD., STE 200
CITY - ST - ZIP	SANTA ANA, CA 92705
TITLE	VASD
NAME	JACKSON, RONALD
STREET ADDRESS	1251 E. DYER RD., STE 200
CITY - ST - ZIP	SANTA ANA, CA 92705
TITLE	CFO
NAME	BISHOP, STEPHEN
STREET ADDRESS	1251 E. DYER ROAD, SUITE 200
CITY - ST - ZIP	SANTA ANA, CA 92705
TITLE	DIRECTOR / PRESIDENT
NAME	FLYNN, WILLIAM
STREET ADDRESS	1251 E. DYER RD., STE 200
CITY - ST - ZIP	SANTA ANA, CA 92705
TITLE	VP
NAME	FULL, MICHAEL
STREET ADDRESS	1251 E. DYER ROAD, STE 200
CITY - ST - ZIP	SANTA ANA, CA 92705

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06

Date

714-513-3109

Daytime Phone #