2004 FOR PROFIT CORPORATION

Aug 30, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P39882 08-30-2004 90004 029 ***150.00 1. Entity Name AUCTION TRANSPORT, INC. Principal Place of Business Mailing Address 54070722 10701 MIDDLEBELT RD. 10701 MIDDLEBELT RD. ROMULUS, MI 48174 ROMULUS, MI 48174 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08052004 Chg-P CR2E034 (10/03) Applied For 4. FEI Number City & State City & State 43-1202790 Not Applicable \$8.75 Additional Fee Required Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. **PSD** Presiden ☐ Addition TITLE TITLE Delete RIORDAN, GERALD R mishael NAME NAME STREET ADDRESS 10701 MIDDLEBELT ROAD STREET ADDRESS ROMULUS, MI 48174 CITY-ST-ZIP CITY - ST- ZIP VPAS Change Addition ☐ Delete TITLE TITLE WYSOCKI, MICHAEL NAME NAME STREET ADDRESS 10701 MIDDLEBELT ROAD STREET ADDRESS CITY-ST-ZIP ROMULUS, MI 48174 CITY-ST-ZIP **EFOT** TITLE **D**elete TITLE ☐ Change ☐ Addition FODALE, PATRICK J NAME NAME 17 COMPUTER DR. WEST STREET ADDRESS STREET ADDRESS ALBANY, NY 12205 CITY-ST-7IP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with the filling 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 two 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 10 or Block 11 if changed, or on an attachment with an address

FILED

President ICEO

Date

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME