


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000065866	
1. Entity Name DAP TRUCKING, INC.	

Principal Place of Business 120 N. LASALLE ST. SUITE 300 CHICAGO, IL 60602 US	Mailing Address 120 N. LASALLE ST. SUITE 3300 CHICAGO, IL 60602 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4241628	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000111874 A.H. 04/13/04 00038 010 50.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLSTEN, JOSEPH M 120 N. LASALLE ST., SUITE 3300 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPEARS, MARK T 120 N. LASALLE ST., SUITE 3300 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ERLAIN, FRANK P 120 N LASALLE ST #3300 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANLEY, WALTER P 120 N. LASALLE ST., #3300 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

~~000000111874~~
~~04/13/04 00038 010 150.00~~

12. I hereby certify that the information supplied with this filing 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Walter Hanley</u> Walter Hanley	4/7/04 312-621-1950
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>