2004 FOR PROFIT CORPORATION

Apr 29, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P98000071751 04-29-2004 90274 034 ***158.75 1. Entity Name EAGLE LOGISTICS SYSTEMS, INC. Principal Place of Business Mailing Address 540455кя 1300 PARK OF COMMERCE BLVD. 1301 WEST NEWPORT CENTER DRIVE **SUITE 261** DEERFIELD BEACH, FL 33442-7734 DELRAY BEACH, FL 33445 2. Principal Place of Business 3. Mailing Address 1301 West Newbort CTR Dr. Suite. Apt. #. etc. Suite, Apt. #, etc. 04232004 CR2E034 (10/03) City & State Applied For City & State 4. FEI Number Deer 65-0857160 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name BROWN, ROBERT J 1301 W NEWPORT CENTER DRIVE Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH, FL 33442 City Zip Code 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be · 🗌 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Hesidert VΡ TITLE Delete TITLE Bunne Robert J CALON, CARMEN NAME NAME BOILLEST NEWPORT CHR Drive 1300 PARK OF COMMERCE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY-ST-ZIP Deer field BULDE 33YY2. Delete TITLE TITLE Mice president Addition MAYR, JEFF Joseph Marcellino NAME NAME 1301 West Newport Cite Drive Deerfield BU, PC 33442— Scretary Treasurer. __ Change Deaddition STREET ADDRESS 1300 PARK OF COMMERCE BLVD. STREET ADDRESS CITY-ST-7IP DELRAY BEACH, FL 33445 CITY-ST-7IP TITLE ---- Delete . TITLE Geri Kolost Newport CIR Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deerfresd Bullet 33442___ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MARAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 tike empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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