2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/8/2003-90136-032-$550.00-$550.00

009/849 AV

DOCUMENT # V42508

1. Entity Name
AMERICAN COMMERCIAL TRUCK EQUIPMENT, INC.

FILED
03 OCT -9 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
12875 COMMODITY PLACE	12875 COMMODITY PLACE
TAMPA FL 33626	TAMPA FL 33626
US	US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3126789 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, AILEEN S 100 SO ASHLEY DR STE 1500 TAMPA FL 33602	Name: CT Corporation Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road City: Plantation FL Zip Code: 33324

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 James A. Borchardt Assistant Secretary
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	RUGGLES, JOHN A.	NAME	
STREET ADDRESS	11803 MIDDLEBURY DR.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	~~DP~~ Vice President, Treasurer ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PATTERSON, ROBERT L. II	NAME	
STREET ADDRESS	16141 VANDERBILT DR. Asst. Secretary	STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	CITY-ST-ZIP	
TITLE	President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	George Schreff	NAME	
STREET ADDRESS	939 East Starr Ave.	STREET ADDRESS	
CITY-ST-ZIP	Columbus, OH 43201	CITY-ST-ZIP	
TITLE	Secretary ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Ron Neill	NAME	
STREET ADDRESS	5900 Landerbrook Drive Suite 280	STREET ADDRESS	
CITY-ST-ZIP	Mayfield Hts., OH 44124	CITY-ST-ZIP	
TITLE	Asst. Secretary ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Lee Christina Snyder	NAME	
STREET ADDRESS	939 East Starr Ave.	STREET ADDRESS	
CITY-ST-ZIP	Columbus, OH 43201	CITY-ST-ZIP	
TITLE	Asst. Secretary ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Donald C. Molten, Jr.	NAME	
STREET ADDRESS	5900 Landerbrook Drive Suite 280	STREET ADDRESS	
CITY-ST-ZIP	Mayfield Hts., OH 44124	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 like empowered.

SIGNATURE: SIGNATURE REQUIRED — 8/23/03 — (440)786-2930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (4/03)