

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000004710

Entity Name: IFCO SYSTEMS NORTH AMERICA, LLC**Current Principal Place of Business:**8517 SOUTH PARK CIR.
ORLANDO, FL 32819**Current Mailing Address:**8517 SOUTH PARK CIR.
ORLANDO, FL 32819**FEI Number:** 76-0630017**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR, PRESIDENT
Name	SCHMIDT, MELISSA L
Address	5897 WINDWARD PARKWAY
City-State-Zip:	ALPHARETTA GA 30005

Title	MANAGER
Name	ORGELDINGER, WOLFGANG
Address	8517 SOUTH PARK CIRCLE
City-State-Zip:	ORLANDO FL 32819

Title	MANAGER, SECRETARY, TREASURER
Name	FRYE, JAMES E JR.
Address	5897 WINDWARD PARKWAY
City-State-Zip:	ALPHARETTA GA 30005

Title	ASSISTANT SECRETARY
Name	HANLEY, KERRIE K
Address	4208 SIX FORKS ROAD SUITE 1400
City-State-Zip:	RALEIGH NC 27609

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KERRIE K. HANLEY**ASSISTANT SECRETARY** 02/03/2016_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date