

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000002158

**Entity Name:** BURRIS LOGISTICS, INC.**Current Principal Place of Business:**501 SOUTHEAST 5TH STREET  
MILFORD, DE 19963**Current Mailing Address:**501 SOUTHEAST 5TH STREET  
MILFORD, DE 19963**FEI Number:** 52-1518037**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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**Officer/Director Detail :**

Title	PD
Name	BURRIS, DONNAN R
Address	501 SOUTHEAST 5TH STREET
City-State-Zip:	MILFORD DE 19963

Title	S
Name	BURRIS, HOWARD
Address	501 S.E. 5TH STREET
City-State-Zip:	MILFORD DE 19963

Title	AT
Name	ROMANCZUK, WAYNE M
Address	501 SOUTHEAST 5TH STREET
City-State-Zip:	MILFORD DE 19963

Title	AS
Name	KUHLING, LINDA
Address	501 SOUTHEAST 5TH STREET
City-State-Zip:	MILFORD DE 19963

Title	VP
Name	ROBERT, SLIWA
Address	501 SOUTHEAST 5TH STREET
City-State-Zip:	MILFORD DE 19963

*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 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DONNAN R. BURRIS****PRESIDENT****04/28/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date