

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002561

Entity Name: INLINER TRANSPORT CO.**Current Principal Place of Business:**4520 N STATE RD 37
ORLEANS, IN 47452**Current Mailing Address:**4520 N STATE RD 37
ORLEANS, IN 47452 US**FEI Number:** 35-1985672**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

Officer/Director Detail :

Title DIRECTOR
Name SHOR, GLENN M.
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452

Title DIRECTOR
Name VALLES, KEVIN
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452

Title DIRECTOR
Name BAUMGARDNER, JAMES
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452

Title DIRECTOR
Name FEGAN, MICHAEL
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452

Title STOCKHOLDER
Name PURIS LLC
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452

Title COO
Name MCCLANAHAN, DENISE
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452

Title ASSISTANT SECRETARY
Name TOTH, ERIK
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452

Title DIRECTOR
Name RATTNER, DAVID L.
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452

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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: THOMAS GOTTSEGEN

ASSISTANT SECRETARY 03/15/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name HILLE, II, ROBERT
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452

Title CFO
Name HILLE, II, ROBERT
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452

Title PRESIDENT/CEO
Name FEGAN, MICHAEL
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452

Title ASSISTANT SECRETARY
Name GOTTSEGEN, THOMAS
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452

Title ASSISTANT SECRETARY
Name THOMAS, DAVID F.
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452

Title ASSISTANT SECRETARY
Name MCCLANAHAN, DENISE
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452

Title ASSISTANT SECRETARY
Name RATTNER, DAVID L.
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452

Title TREASURER
Name RAINEY, LAURIE
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452

Title CHIEF LEGAL OFFICER
Name GOTTSEGEN, THOMAS
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452

Title ASSISTANT SECRETARY
Name SHOR, GLENN M.
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452

Title ASSISTANT SECRETARY
Name VALLES, KEVIN
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452

Title ASSISTANT SECRETARY
Name CARR, AARON
Address 4520 N STATE RD 37
City-State-Zip: ORLEANS IN 47452