

1.) CORPORATION NAME:

**SUPERIOR CARRIERS, INC.**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER  
1111 EAST MAIN STREET**

SCC ID NO: **00529909**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 711 JORIE BLVD  
STE 101N

CITY/ST/ZIP: OAK BROOK, IL 60523

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JAMES E BLACKMON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	711 JORIE BLVD SUITE 101 N		
CITY/ST/ZIP/CO:	OAK BROOK, IL 60523		

NAME:	BRIAN T NOWAK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	711 JORIE BLVD SUITE 101 N		
CITY/ST/ZIP/CO:	OAK BROOK, IL 60523		

NAME:	TIMOTHY M MCCANN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	711 JORIE BLVD STE 101N		
CITY/ST/ZIP/CO:	OAK BROOK, IL 60523		

NAME:	GARY W WATT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	711 JORIE BLVD SUITE 101 N		
CITY/ST/ZIP/CO:	OAK BROOK, IL 60523		

NAME:	LUCY M MOSS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	711 JORIE BLVD SUITE 101 N		
CITY/ST/ZIP/CO:	OAK BROOK, IL 60523		

NAME:	LEONARD F FLETCHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	711 JORIE BLVD SUITE 101 N		
CITY/ST/ZIP/CO:	OAK BROOK, IL 60523		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALTER L LANDERGAN, JR SECRETARY 176 FEDERAL ST. 6TH FLOOR BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD T LEWIS CHAIRMAN 711 JORIE BLVD STE 101N OAK BROOK, IL 60523	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONNIE C BURGESS DIRECTOR 3772 STEEPLGATE DR TRINITY, NC 27370	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY E BURNS DIRECTOR 373 PARK AVE SOUTH 6TH FLOOR NEW YORK, NY 10016	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH F HAMLET DIRECTOR 9 STARGRASS RETREAT SAVANNAH, GA 31411	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL H NITKA DIRECTOR 11 MARBELLA CT HAMILTON, NJ 08691	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM W STONE DIRECTOR 12941 WEST U.S. HIGHWAY 42 PROSPECT, KY 40059	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John J Burns II DIRECTOR 711 Jorie Blvd Ste 101 N Oak Brook, IL 60523	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Donna J Hudson ASST SECRETARY 711 Jorie Blvd Ste 101 N Oak Brook, IL 60523	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Donna JHudson	Donna JHudson,	5/13/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.