

1.) CORPORATION NAME:

**SUPERIOR BULK LOGISTICS, INC.**

DUE DATE: **11/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0560757**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	150,000
PREFER	30,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

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		
CITY/ST/ZIP/CO:	SUITE 101 N 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		
CITY/ST/ZIP/CO:	SUITE 101 N OAK BROOK, IL 60523		

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

NAME: WALTER L LANDERGAN JR TITLE: SECRETARY ADDRESS: 294 WASHINGTON ST CITY/ST/ZIP/CO: BOSTON, MA 02108	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD T LEWIS TITLE: CHAIRMAN ADDRESS: 711 JORIE BLVD STE 101N CITY/ST/ZIP/CO: OAK BROOK, IL 60523	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RANDY L VAUGHN TITLE: ASST SECRETARY ADDRESS: 711 JORIE BLVD. SUITE 101 N CITY/ST/ZIP/CO: OAK BROOK, IL 60523	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DANIEL H NITKA TITLE: DIRECTOR ADDRESS: 11 MARBELLA COURT CITY/ST/ZIP/CO: HAMILTON, NJ 08691	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN T NOWAK TITLE: DIRECTOR ADDRESS: 711 JORIE BLVD. SUITE 101 N CITY/ST/ZIP/CO: OAK BROOK, IL 60523	<input type="checkbox"/> OFFICER	<input checked="" 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/ TIMOTHY M MCCANN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TIMOTHY M MCCANN, TREASURER PRINTED NAME AND CORPORATE TITLE	10/14/2014 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.		