

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214501593

1.) CORPORATION NAME:

DARDEN LOGISTICS, INC.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATE CREATIONS NETWORK, INC.
4445 CORPORATION LN
2ND FL**

SCC ID NO: **F1735945**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000 |

VIRGINIA BEACH, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 DARDEN CENTER DR

CITY/ST/ZIP: ORLANDO, FL 32837

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 R LAWRENCE | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 1000 DARDEN CENTER DR | | |
| CITY/ST/ZIP/CO: | ORLANDO, FL 32837 | | |

| | | | |
|-----------------|-----------------------|---|-----------------------------------|
| NAME: | GORETTI CO | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST TREASURER | | |
| ADDRESS: | 1000 DARDEN CENTER DR | | |
| CITY/ST/ZIP/CO: | ORLANDO, FL 32837 | | |

| | | | |
|-----------------|-----------------------|---|-----------------------------------|
| NAME: | PATRICK HARRIGAN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 1000 DARDEN CENTER DR | | |
| CITY/ST/ZIP/CO: | ORLANDO, FL 32837 | | |

| | | | |
|-----------------|-----------------------|---|-----------------------------------|
| NAME: | ANGELA SIMMONS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST TREAS | | |
| ADDRESS: | 1000 DARDEN CENTER DR | | |
| CITY/ST/ZIP/CO: | ORLANDO, FL 32837 | | |

| | | | |
|-----------------|-----------------------|---|-----------------------------------|
| NAME: | HORACE DAWSON III | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 1000 DARDEN CENTER DR | | |
| CITY/ST/ZIP/CO: | ORLANDO, FL 32837 | | |

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/ GORETTI CO | GORETTI CO, ASST TREASURER | 12/20/2013 |
| 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.