

1.) CORPORATION NAME:

**GEO TRANSPORT, INC.**

DUE DATE: **9/30/2011**

SCC ID NO: **F1835497**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATE CREATIONS NETWORK INC**

**4445 CORPORATION LN**

**2ND FLR**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

**VIRGINIA BEACH, VA 23462**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 621 NW 53RD STREET SUITE 700

CITY/ST/ZIP: BOCA RATON, FL 33487-

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GEORGE ZOLEY	
TITLE:	PRESIDENT	
ADDRESS:	621 NW 53RD ST STE 700	
CITY/ST/ZIP/CO:	BOCA RATON, FL 33487-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN BULFIN	
TITLE:	VP/SEC	
ADDRESS:	621 NW 53RD ST STE 700	
CITY/ST/ZIP/CO:	BOCA RATON, FL 33487-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRIAN EVANS	
TITLE:	VP/TREAS	
ADDRESS:	621 NW 53RD ST STE 700	
CITY/ST/ZIP/CO:	BOCA RATON, FL 33487-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARCEL MAIER	
TITLE:	VICE PRESIDENT	
ADDRESS:	621 NW 53RD ST STE 700	
CITY/ST/ZIP/CO:	BOCA RATON, FL 33487-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN HURLEY	
TITLE:	DIRECTOR	
ADDRESS:	621 NW 53RD ST STE 700	
CITY/ST/ZIP/CO:	BOCA RATON, FL 33487-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD BRACK VICE PRESIDENT 621 NW 53RD STREET STE 700 BOCA RATON, FL 33487-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHAYN MARCH ASST SECRETARY 621 NW 53 RD STREET STE. 700 BOCA RATON, FL 33487-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOUIS CARRILLO ASST SECRETARY 621 NW 53RD STREET STE. 700 BOCA RATON, FL 33487-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ JOHN BULFIN	JOHN BULFIN, VP/SEC	9/2/2011
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.