

1.) CORPORATION NAME:

**GEO TRANSPORT, INC.**

DUE DATE: **9/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATE CREATIONS NETWORK INC  
4445 CORPORATION LN  
2ND FLR**

SCC ID NO: **F1835497**

**VIRGINIA BEACH, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

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.

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

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

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

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

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

NAME:	AMBER MARTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	621 NW 53RD STREET.		
CITY/ST/ZIP/CO:	SUITE 700 BOCA RATON, FL 33487		

NAME: ED STUBBS TITLE: VICE PRESIDENT ADDRESS: 621 NW 53RD STREET STE#700 CITY/ST/ZIP/CO: BOCA RATON, FL 33487	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN HURLEY TITLE: DIRECTOR 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: LOUIS CARRILLO TITLE: ASST SECRETARY ADDRESS: 621 NW 53RD STREET STE. 700 CITY/ST/ZIP/CO: BOCA RATON, FL 33487	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SHAYN MARCH TITLE: ASST SECRETARY ADDRESS: 621 NW 53 RD STREET STE. 700 CITY/ST/ZIP/CO: BOCA RATON, FL 33487	<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/ JOHN BULFIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN BULFIN, VP/SEC PRINTED NAME AND CORPORATE TITLE	7/14/2014 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.		