



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2011**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000566356		2. Exact name of the Corporation Seko Customs Brokerage, Inc.			
3. Principal office address 1100 ARLINGTON HEIGHTS ROAD, SUITE 600		City ILASCA	State IL	Zip 60143	
4. Business Phone No. 630-919-4816		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island BROKERAGE SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name WILLIAM WASCHER			Vice-President Name STEVEN D GOLDBERG		
Street Address 1100 ARLINGTON HEIGHTS ROAD, SUITE 600			Street Address 1100 ARLINGTON HEIGHTS ROAD, SUITE 600		
City ILASCA	State IL	Zip 60143	City ILASCA	State IL	Zip 60143
Secretary Name			Treasurer Name STEVEN D GOLDBERG		
Street Address			Street Address 1100 ARLINGTON HEIGHTS ROAD, SUITE 600		
City	State	Zip	City ILASCA	State IL	Zip 60143
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name WILLIAM WASCHER			Director Name STEVEN D GOLDBERG		
Street Address 1100 ARLINGTON HEIGHTS ROAD, SUITE 600			Street Address 1100 ARLINGTON HEIGHTS ROAD, SUITE 600		
City ILASCA	State IL	Zip 60143	City ILASCA	State IL	Zip 60143
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			0	CNP	\$0.0000

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
Check No. _____
By _____
FOR SECRETARY OF STATE USE ONLY

FILED

AUG 06 2015

By XL 254232
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Caitlin Lazarus
Signature of Authorized Representative

08/03/2015

Date

Caitlin Lazarus, Special Secretary

Print or Type Name of Authorized Representative