

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 827951**

1. Entity Name

**OVERNITE TRANSPORTATION COMPANY**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90093 028 \*\*\*150.00

Principal Place of Business 1000 SEMMES AVENUE RICHMOND VA 23224-2246 US	Mailing Address P O BOX 1216 RICHMOND VA 23218-1216 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>54-0481236</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY</b> 1201 HAYES ST SUITE 105 TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIGGS, HAROLD M</b> <b>1000 SEMMES AVENUE</b> <b>RICHMOND VA 23224</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HEATON, J. P.</b> <b>1000 SEMMES AVENUE</b> <b>RICHMOND VA</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SRVP</b> <b>MACKENZIE, GORDON S</b> <b>1000 SEMMES AVENUE</b> <b>RICHMOND, VA 23224-2246</b> <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>SUGGS, LEO H</b> <b>1000 SEMMES AVENUE</b> <b>RICHMOND VA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVIDSON, RICHARD K</b> <b>1717 MAIN STREET, SUITE 5900</b> <b>DALLAS TX 75201</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SRVP</b> <b>HANLEY, PATRICK D</b> <b>1000 SEMMES AVENUE</b> <b>RICHMOND VA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MCKNIGHT, LISA B.</b> <b>1000 SEMMES AVENUE</b> <b>RICHMOND VA 23224</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Harold M. Diggs* **HAROLD M. DIGGS** 4/17/00 \*804) 231-8228  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)