
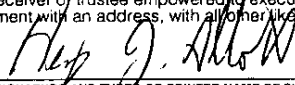


**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90023 026 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F01000003902</b> 1. Entity Name <b>TRANSPORTATION SERVICES USA, INC.</b>					
Principal Place of Business <b>2401 21ST AVENUE SOUTH          STE. 200          NASHVILLE, TN 37212</b>			Mailing Address <b>2401 21ST AVENUE SOUTH          STE. 200          NASHVILLE, TN 37212</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>62-1861887</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>CORPORATION SERVICE COMPANY          1201 HAYS STREET          TALLAHASSEE, FL 32301-2525</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>S</b>	NAME <b>ABBOTT, HENRY J</b>		TITLE <b>CFO</b>		
STREET ADDRESS <b>2401 21ST AVE S SUITE 200</b>	CITY-ST-ZIP <b>NASHVILLE, TN 37212</b>		NAME <b>Mill, John</b>		
CITY-ST-ZIP <b>NASHVILLE, TN 37212</b>	<input type="checkbox"/> Delete		STREET ADDRESS <b>2401 21st Ave S # 200</b>		
TITLE <b>C</b>			CITY-ST-ZIP <b>Nashville, TN 37212</b>		
NAME <b>CARELL, JR., MONROE</b>			TITLE <b>DIR</b>		
STREET ADDRESS <b>2401 21ST AVE S</b>			NAME <b>Woodward, Gordon</b>		
CITY-ST-ZIP <b>NASHVILLE, TN 37212</b>			STREET ADDRESS <b>2401 21st Ave S #200</b>		
<input checked="" type="checkbox"/> Delete			CITY-ST-ZIP <b>Nashville, TN 37212</b>		
TITLE <b>P</b>			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME <b>BODENHAMER, WILLIAM</b>			TITLE <b>DIR</b>		
STREET ADDRESS <b>2401 21ST AVE S SUITE 200</b>			NAME <b>Hollander, Seth</b>		
CITY-ST-ZIP <b>NASHVILLE, TN 37212</b>			STREET ADDRESS <b>2401 21st Ave S # 200</b>		
<input type="checkbox"/> Delete			CITY-ST-ZIP <b>Nashville, TN 37212</b>		
TITLE <b>CFO</b>			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME <b>HEAVRIN, JEFF</b>			TITLE <b>DIR</b>		
STREET ADDRESS <b>2401 21ST AVENUE SOUTH</b>			NAME <b>Frigoler, Samuel</b>		
CITY-ST-ZIP <b>NASHVILLE, TN 37212</b>			STREET ADDRESS <b>2401 21st Ave S #200</b>		
<input checked="" type="checkbox"/> Delete			CITY-ST-ZIP <b>Nashville, TN 37212</b>		
TITLE <b>T</b>			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME <b>WOODS, DAWN</b>			TITLE <b>DIR</b>		
STREET ADDRESS <b>2401 21ST AVENUE SOUTH</b>			NAME <b>Halpern, Paul</b>		
CITY-ST-ZIP <b>NASHVILLE, TN 37212</b>			STREET ADDRESS <b>2401 21st Ave S #200</b>		
<input type="checkbox"/> Delete			CITY-ST-ZIP <b>Nashville, TN 37212</b>		
TITLE <b>CEOD</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>EADS, EMANUEL</b>			TITLE  		
STREET ADDRESS <b>2401 21ST AVE S</b>			NAME  		
CITY-ST-ZIP <b>NASHVILLE, TN 37212</b>			STREET ADDRESS  		
<input type="checkbox"/> Delete			CITY-ST-ZIP  		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 				<b>4-23-08</b>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
 				<b>615-297-4255</b>	
 				Daytime Phone #	