


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 A
Secretary of State

DOCUMENT # F02000005120 1. Entity Name CARDINAL LOGISTICS MANAGEMENT CORPORATION	
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Principal Place of Business 5333 DAVIDSON HIGHWAY CONCORD, NC 28027	Mailing Address 5333 DAVIDSON HIGHWAY CONCORD, NC 28027
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02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1271090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CIT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

-10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HOSTETLER, THOMAS 5333 DAVIDSON HIGHWAY CONCORD, NC 28027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITTEN, KIMMY G 5333 DAVIDSON HIGHWAY CONCORD, NC 28027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOTON, THOMAS M 5333 DAVIDSON HIGHWAY CONCORD, NC 28027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOWMAN, JERRY 5333 DAVIDSON HWY CONCORD, NC 28027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCLOUGHLIN, VINCENT 5333 DAVIDSON HWY. CONCORD, NC 28027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO TEXTER, CARL 5333 DAVIDSON HWY CONCORD, NC 28027

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 02/21/08-80007-018 150.00

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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.

SIGNATURE: Kimmy G Whitten Secretary 2-6-08 704-786-6125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #