**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P14477** **(4)**

1. Corporation Name

~~LEASEWAY CUSTOMIZED TRANSPORT, INC.~~
LEASEWAY DEDICATED LOGISTICS INC

| Principal Place of Business | Mailing Address |
|---|---|
| 3700 PARK EAST DRIVE<br>%TAX DEPARTMENT<br>CLEVELAND OH 44122 | 3700 PARK EAST DRIVE<br>%TAX DEPARTMENT<br>CLEVELAND OH 44122 |

3. Date Incorporated or Qualified: 05/15/1987
3a. Date of Last Report: 04/14/1995

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 RT 10 GREEN HILLS | 26 RT 10 GREEN HILLS |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. PO BOX 1321 |
| 23 City & State READING PA | 28 City & State READING PA |
| 24 Zip 19607 / 25 Country | 29 Zip 19603-1321 / 30 Country |

4. FEI Number: 95-3153638 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 400001846614 -05/31/96--01101--012- ***200.00
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature, type or print name of registered agent, and title if applicable) (TITLE: Registered Agent's signature required if box 10 is checked) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | VPD | ☒ DELETE | 1.1 TITLE | VP ASD | ☐ Change ☒ Addition |
| NAME | CARDEN, CHARLES B. | | 1.2 NAME | JAMES A. ROSEN | |
| STREET ADDRESS | 3700 PARK EAST DRIVE | | 1.3 STREET ADDRESS | RT 10 GREEN HILLS | |
| CITY-ST-ZIP | CLEVELAND OH | | 1.4 CITY-ST-ZIP | READING PA 19607 | |
| TITLE | VT | ☒ DELETE | 2.1 TITLE | T | ☐ Change ☒ Addition |
| NAME | HUTCHISON, RONALD B. | | 2.2 NAME | FRANK HAARLANDER | |
| STREET ADDRESS | 3700 PARK EAST DRIVE | | 2.3 STREET ADDRESS | RT 10 GREEN HILLS | |
| CITY-ST-ZIP | CLEVELAND OH | | 2.4 CITY-ST-ZIP | READING PA 19607 | |
| TITLE | D | ☒ DELETE | 3.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | GASKINS, DARIUS W. JR. | | 3.2 NAME | BRIAN HARD | |
| STREET ADDRESS | 3700 PARK EAST DRIVE | | 3.3 STREET ADDRESS | RT 10 GREEN HILLS | |
| CITY-ST-ZIP | CLEVELAND OH | | 3.4 CITY-ST-ZIP | READING PA 19607 | |
| TITLE | PD | ☒ DELETE | 4.1 TITLE | PCD | ☐ Change ☒ Addition |
| NAME | ABRUZZI,, DENNIS | | 4.2 NAME | RAYMOND A. RUSSELL | |
| STREET ADDRESS | 100 DAVIDSON AVE. | | 4.3 STREET ADDRESS | 30800 TELEGRAPH RD | |
| CITY-ST-ZIP | SOMERSET NJ 08873 | | 4.4 CITY-ST-ZIP | BIRMINGHAM MI 48025 | |
| TITLE | S | ☐ DELETE | 5.1 TITLE | | ☒ Change ☐ Addition |
| NAME | SNYDER, RONALD E | | 5.2 NAME | | |
| STREET ADDRESS | 3700 PARK EAST DR | | 5.3 STREET ADDRESS | 3401 ENTERPRISE PKWY | |
| CITY-ST-ZIP | CLEVELAND OH 44122 | | 5.4 CITY-ST-ZIP | CLEVELAND OH 44122 | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | AT | ☐ Change ☒ Addition |
| NAME | MANIKOWSKI, JOHN A | | 6.2 NAME | GARRY KORMAN | |
| STREET ADDRESS | 1100 JORIE BLVD. | | 6.3 STREET ADDRESS | RT 10 GREEN HILLS | |
| CITY-ST-ZIP | OAKBROOK IL 60521 | | 6.4 CITY-ST-ZIP | READING PA 19607 | |

5/1/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** [signature] GARRY KORMAN 4/29/96 610-775-6006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)