


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000007148</b> 1. Entity Name <b>NEW ENGLAND MOTOR FREIGHT, INC.</b>	
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Principal Place of Business <b>1-71 NORTH AVENUE EAST ELIZABETH, NJ 07201</b>	Mailing Address <b>1-71 NORTH AVENUE EAST ELIZABETH, NJ 07201</b>
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01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-1977697</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BUSINESS FILINGS, INC. 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301-0000</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

000000011163  
01/23/04-80027-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARLBERG, JOHN 1-71 NORTH AVE EAST ELIZABETH, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EISENBERG, CRAIG 1-71 NORTH AVE EAST ELIZABETH, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLAKEMAN, NANCY S 1-71 NORTH AVE EAST ELIZABETH, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHEVELL, MYRON 1-71 NORTH AVE EAST ELIZABETH, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHEVELL, JON 1-71 NORTH AVE EAST ELIZABETH, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone # **908-965-0100 x 205**