

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006364

FILED
Jan 10, 2007
Secretary of State

Entity Name: CON-WAY TRUCKLOAD SERVICES, INC.

Current Principal Place of Business:

4840 VENTURE DRIVE #100
ANN ARBOR, MI 48108

New Principal Place of Business:

Current Mailing Address:

C/O CNF INC.
2855 CAMPUS DRIVE
SAN MATEO, CA 94403

New Mailing Address:

C/O CON-WAY INC.
2855 CAMPUS DRIVE
SAN MATEO, CA 94403

FEI Number: 93-1304528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LABRIE, JOHN G
Address: 110 PARKLAND PLAZA
City-St-Zip: ANN ARBOR, MI 48103

Title: SD () Delete
Name: PILEGGI, JENNIFER W
Address: 2855 CAMPUS DRIVE
City-St-Zip: SAN MATEO, CA 94403

Title: PD () Delete
Name: POTTER, MICHELLE D
Address: 4840 VENTURE DRIVE #100
City-St-Zip: ANN ARBOR, MI 48108

Title: D () Delete
Name: SCHICK, KEVIN C
Address: 2855 CAMPUS DRIVE
City-St-Zip: SAN MATEO, CA 94403

Title: CD () Delete
Name: STOTLAR, DOUGLAS W
Address: 2855 CAMPUS DRIVE
City-St-Zip: SAN MATEO, CA 94403

Title: T () Delete
Name: THICKPENNY, MARK C
Address: 2855 CAMPUS DRIVE
City-St-Zip: SAN MATEO, CA 94403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LABRIE, JOHN G
Address: 110 PARKLAND PLAZA
City-St-Zip: ANN ARBOR, MI 48103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER W. PILEGGI

S

01/10/2007

Electronic Signature of Signing Officer or Director

_____ Date