

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006364

Entity Name: CON-WAY MULTIMODAL INC.**Current Principal Place of Business:**5165 EMERALD PARKWAY
STE 300
DUBLIN, OH 43017**Current Mailing Address:**ATTN: TAX DEPARTMENT
2055 NW SAVIER STREET
PORTLAND, OR 97209 US**FEI Number:** 93-1304528**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR., SUITE A
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	SMITH, PAUL V.
Address	5165 EMERALD PARKWAY, SUITE 300
City-State-Zip:	DUBLIN OH 42017

Title	ASSISTANT SECRETARY
Name	TOHVERT, RIINA
Address	5 AMERICAN LANE
City-State-Zip:	GREENWICH CT 06831

Title	DIRECTOR
Name	COOPER, TROY A.
Address	5 AMERICAN LANE
City-State-Zip:	GREENWICH CT 06831

Title	ASSISTANT SECRETARY
Name	GOWER, LANNY
Address	2055 NW SAVIER STREET
City-State-Zip:	PORTLAND OR 97209

Title	TREASURER
Name	TULSYAN, RAVI
Address	5 AMERICAN LANE
City-State-Zip:	GREENWICH CT 06831

Title	SECRETARY
Name	KIRSIS, KARLIS
Address	5 AMERICAN LANE
City-State-Zip:	GREENWICH CT 06831

Title	ASSISTANT SECRETARY
Name	PETRELLA, JAMES X
Address	11215 N COMMUNITY HOUSE
City-State-Zip:	CHARLOTTE NC 28277

I hereby 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 all other like empowered.

SIGNATURE: LANNY GOWER

ASSISTANT SECRETARY 03/22/2021

Electronic Signature of Signing Officer/Director Detail_____
Date