2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001584

Entity Name: XPO LOGISTICS SUPPLY CHAIN, INC.

Current Principal Place of Business:

4035 PIEDMONT PARKWAY HIGH POINT. NC 27265

Current Mailing Address:

4035 PIEDMONT PKWY HIGH POINT, NC 27265 US

FEI Number: 56-2237457 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DRIVE SUITE A TALLAHASSEE, FL 32301 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

FILED Jan 18, 2019

Secretary of State

4579015472CC

Officer/Director Detail:

Title DIRECTOR, PRESIDENT Title ASST. SECRETARY
Name ASHFAQUE, CHOWDHURY Name GOWER, LANNY

Address 4035 PIEDMONT PARKWAY Address 2055 NW SAVIER STREET

City-State-Zip: HIGH POINT NC 27265 City-State-Zip: PORTLAND OR 97209

Title ASST. SECRETARY Title SENIOR VICE PRESIDENT, FINANCE

Name TOHVERT, RIINA Name FJELLMAN, PETER

Address 5 AMERICAN LANE Address 4035 PIEDMONT PARKWAY

City-State-Zip: GREENWICH CT 06831 City-State-Zip: HIGH POINT NC 27265

Title SENIOR VICE PRESIDENT AND Title ASSISTANT SECRETARY

SECRETARY Name PETRELLA, JAMES X

Name KIRSIS, KARLIS Address 13777 BALLANTYNE CORP PLACE

Address 5 AMERICAN LANE

City-State-Zip: GREENWICH CT 06831 City-State-Zip: CHARLOTTE NC 28277

Title SENIOR VICE PRESIDENT AND Title SENIOR VICE PRESIDENT AND

TREASURER ASSISTANT SECRETARY

Name TULSYAN, RAVI Name VALITUTTO, RICHARD EF

Address 5 AMERICAN LANE Address 4035 PIEDMONT PARKWAY

City State 7in: CREENWICH CT 06931

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City-State-Zip: GREENWICH CT 06831 City-State-Zip: HIGH POINT NC 27265

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 ASST SEC 01/18/2019