

2017 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 PARKWAY
HIGH POINT, NC 27265 US

FEI Number: 56-2237457

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 DIRECTOR
Name COOPER, TROY A.
Address 5 AMERICAN LANE
City-State-Zip: GREENWICH CT 06831

Title DIRECTOR, PRESIDENT
Name ASHFAQUE, CHOWDHURY
Address 4035 PIEDMONT PARKWAY
City-State-Zip: HIGH POINT NC 27265

Title VP, ASST. TREASURER
Name HARDIG, JOHN J
Address 5 AMERICAN LANE
City-State-Zip: GREENWICH CT 06831

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

Title ASST. SECRETARY, VP
Name VALITUTTO, RICHARD E.F.
Address 4035 PIEDMONT PARKWAY
City-State-Zip: HIGH POINT NC 27265

Title ASST. SECRETARY
Name GOWER, LANNY
Address 1717 NW 21ST AVE
City-State-Zip: PORTLAND OR 97209

Title ASST. SECRETARY
Name MAGHES, CHARLES T. JR.
Address 5165 EMERALD PARKWAY
SUITE 300
City-State-Zip: DUBLIN OH 43017

Title ASST. SECRETARY
Name PEARSON, KIM A.
Address 13777 BALLANTYNE CORPORATE
PLACE
City-State-Zip: CHARLOTTE NC 28277

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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: RIINA TOHVERT

ASSISTANT SECRETARY 03/30/2017

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name ROGERS, MATTHEW R.
Address 4035 PIEDMONT PARKWAY
City-State-Zip: HIGH POINT NC 27265

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