

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000000255

**Entity Name:** XPO LOGISTICS TRUCKLOAD, INC.**Current Principal Place of Business:**4701 E. 32ND STREET  
JOPLIN, MO 64808**Current Mailing Address:**5 GREENWICH OFFICE PARK  
GREENWICH, CT 06831 US**FEI Number:** 44-0561546**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, VP, SECRETARY  
Name DEVENS, GORDON E IV  
Address 5 GREENWICH OFFICE PARK  
City-State-Zip: GREENWICH CT 06831

Title VP, ASST. TREASURER  
Name VANDOMELEN, DEREK S  
Address 4701 E. 32ND STREET  
City-State-Zip: JOPLIN MO 64808

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

Title VP, TREASURER  
Name MORRIS, MICHAEL J.  
Address 2211 OLD EARHART ROAD  
City-State-Zip: ANN ARBOR MI 48105

Title SR. VP  
Name STAROBA, TIMOTHY  
Address 4701 E. 32ND STREET  
City-State-Zip: JOPLIN MO 64808

Title ASST. SECRETARY  
Name CERVIN, MICHAEL J  
Address 4701 E. 32ND STREET  
City-State-Zip: JOPLIN MO 64808

Title ASST. SECRETARY  
Name HOWARD, BRANDON L  
Address 4701 E. 32ND STREET  
City-State-Zip: JOPLIN MO 64808

Title ASST. SECRETARY, ASST.  
TREASURER  
Name CERVIN, MARY E  
Address 4701 E. 32ND STREET  
City-State-Zip: JOPLIN MO 64808

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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**ASST. SECRETARY****04/26/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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