

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002311

**Entity Name:** RXO FREIGHT FORWARDING, INC.

**Current Principal Place of Business:**

290 GERZEVSKE LANE  
CAROL STREAM, IL 60188

**Current Mailing Address:**

11215 N COMMUNITY HOUSE RD  
CHARLOTTE, NC 28277 US

**FEI Number:** 26-1750262

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR STE 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VENETIS, DEMETRI  
Address        290 GERZEVSKE LANE,  
City-State-Zip: CAROL STREAM IL 60188

Title            SVP, SECRETARY, DIRECTOR  
Name            FIRESTONE, JEFFREY  
Address        11215 N. COMMUNITY HOUSE ROAD  
City-State-Zip: CHARLOTTE NC 28277

Title            TREASURER  
Name            MURRAY, DAVID  
Address        11215 N. COMMUNITY HOUSE ROAD  
City-State-Zip: CHARLOTTE NC 28277

Title            ASST SEC  
Name            MCDONALD, JEFF  
Address        11215 N. COMMUNITY HOUSE ROAD  
City-State-Zip: CHARLOTTE NC 28277

Title            ASST SEC  
Name            MANN, LAUREN  
Address        11215 N. COMMUNITY HOUSE ROAD  
City-State-Zip: CHARLOTTE NC 28277

Title            CAO  
Name            KERR, JASON  
Address        11215 N COMMUNITY HOUSE RD  
City-State-Zip: CHARLOTTE NC 28277

Title            ASST. SECRETARY  
Name            ANDERSON, CHARLENE  
Address        11215 N COMMUNITY HOUSE RD  
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:** LAUREN MANN

**ASST. SECRETARY**

**04/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date