

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002881

Entity Name: MAINFREIGHT DELAWARE, INC.**Current Principal Place of Business:**1400 GLENN CURTISS ST
CARSON, CA 90746**Current Mailing Address:**1400 GLENN CURTISS ST
CARSON, CA 90746 US**FEI Number:** 11-3375717**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PARSONS, KATE
Address 1400 GLENN CURTISS ST
City-State-Zip: CARSON CA 90746

Title SECRETARY, TREASURER
Name FRADY, RON
Address 1400 GLENN CURTISS ST
City-State-Zip: CARSON CA 90746

Title DIRECTOR
Name PLESTED, BRUCE
Address 1400 GLENN CURTISS ST
City-State-Zip: CARSON CA 90746

Title DIRECTOR
Name BRAID, DON
Address 1400 GLENN CURTISS ST
City-State-Zip: CARSON CA 90746

Title DIRECTOR
Name PREEBLE, RICHARD
Address 1400 GLENN CURTISS ST
City-State-Zip: CARSON CA 90746

Title DIRECTOR
Name MOGRIDGE, BRYAN
Address 1400 GLENN CURTISS ST
City-State-Zip: CARSON CA 90746

Title DIRECTOR
Name COTTER, SIMON
Address 1400 GLENN CURTISS ST
City-State-Zip: CARSON CA 90746

Title CEO
Name BRAID, JASON
Address 1400 GLENN CURTISS ST
City-State-Zip: CARSON CA 90746

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: JASON BRAID**AUDITOR****04/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date