

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002236

Entity Name: XPO INTERMODAL, INC.**Current Principal Place of Business:**5165 EMERALD PARKWAY
SUITE 300
DUBLIN, OH 43017**Current Mailing Address:**2055 NW SAVIER STREET
ATTN: TAX DEPARTMENT
PORTLAND, OR 97209 US**FEI Number:** 62-0935669**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:** JACLYN WRIGHT - ASST. SECRETARY

03/04/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SMITH, PAUL V.
Address 5165 EMERALD PARKWAY
City-State-Zip: DUBLIN OH 43017

Title DIRECTOR
Name COOPER, TROY A.
Address 5 AMERICAN LANE
City-State-Zip: GREENWICH CT 06831

Title TREASURER
Name TULSYAN, RAVI
Address 5 AMERICAN LANE
City-State-Zip: GREENWICH CT 06831

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

Title ASST. SECRETARY
Name GOWER, LANNY
Address 2055 NW SAVIER STREET
City-State-Zip: PORTLAND OR 97209

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

Title ASSISTANT SECRETARY
Name PETRELLA, JAMES X
Address 11215 N COMMUNITY HOUSE
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: LANNY GOWER

ASSISTANT SECRETARY 03/04/2020

Electronic Signature of Signing Officer/Director Detail

Date