2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 173093

Title:

Name:

Address:

City-St-Zip:

FILED Apr 10, 2008 Secretary of State

| Entity Name: TERMINAL SERVICE COMPANY | | | | | | |
|---|--|--------------------------------|-------------|---|--------------|---|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
| | IARPE STREE SSEE, FL 323 | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| P.O. BOX 1 TALLAHAS | 200 SEE, FL 323 | 02 | | | | |
| FEI Number: | Number: 59-0752755 FEI Number Applied For () FEI Nu | | FEI Nur | mber Not Applicable () Ce | | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | |
| LANDRUM, ROBERT G JR 122 APPLEYARD DRIVE TALLAHASSEE, FL 32304 US | | | | LANDRUM, ROBERT G JR 975 APPLEYARD DRIVE TALLAHASSEE, FL 32304 US | | |
| The above in the State | named entity : of Florida. | submits this statement for the | e purpose c | of changing i | ts registere | ed office or registered agent, or both, |
| SIGNATURE: | | | | 04/10/2008 | | |
| Electronic Signature of Registered Agent | | | | Date | | |
| Election Carr | npaign Financin | g Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | VD (X AUDIE, JOSEP 619 S RIDE TALLAHASSEE | | | Title: Name: Address: City-St-Zip: | | () Change () Addition |
| Title: Name: Address: City-St-Zip: | D () SHAEFFER, JA 122 APPLEYAF TALLAHASSEE | RD DRIVE | | Title: Name: Address: City-St-Zip: | | (X) Change () Addition t, JAMES C YARD DRIVE SEE, FL 32304 |
| Title: Name: Address: City-St-Zip: | P () LANDRUM, RO 122 APPLEYAF TALLAHASSEE | RD DRIVE | | Title: Name: Address: City-St-Zip: | 975 APPLE | (X) Change () Addition ROBERT G JR YARD DRIVE SEE, FL 32304 |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT LANDRUM JR P 04/10/2008

() Delete

DUDLEY, DANA

122 APPLEYARD DR.

TALLAHASSEE, FL 32304

(X) Change () Addition

DUDLEY, DANA

975 APPLEYARD DRIVE

TALLAHASSEE, FL 32304