

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 03 1998 8:00am
Secretary of State

DOCUMENT # **820232** (7)
1. Corporation Name
CONSOLIDATED FREIGHTWAYS CORPORATION OF DELAWARE



Principal Place of Business
**175 LINFIELD DRIVE
MENLO PARK CA 94025
US**

Mailing Address
**P.O. BOX 3038
PORTLAND OR 97208**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 175 Linfield Drive		02/10/1967	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 Menlo Park, CA		94-1444797	
24 Country		29 94025-3799		Applied For	
25		30 USA		Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC.		81 Name			
1201 HAYS STREET		82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 105		83			
TALLAHASSEE FL 32301		84 City			
		85 Zip Code			
		FL			
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	BLAKE, PATRICK H	1.2 NAME	
STREET ADDRESS	175 LINFIELD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	WRIGHTSON, ROBERT E.	2.2 NAME	
STREET ADDRESS	175 LINFIELD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	MORREY, ROBERT J	3.2 NAME	
STREET ADDRESS	175 LINFIELD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	CURRY, W R	4.2 NAME	
STREET ADDRESS	175 LINFIELD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BLAKE, PATRICK H.	5.2 NAME	
STREET ADDRESS	175 LINFIELD DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	JARVI, TOM C.	6.2 NAME	
STREET ADDRESS	175 LINFIELD DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA	6.4 CITY-ST-ZIP	

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	BLAKE, PATRICK H	1.2 NAME	
STREET ADDRESS	175 LINFIELD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	WRIGHTSON, ROBERT E.	2.2 NAME	
STREET ADDRESS	175 LINFIELD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	MORREY, ROBERT J	3.2 NAME	
STREET ADDRESS	175 LINFIELD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	CURRY, W R	4.2 NAME	
STREET ADDRESS	175 LINFIELD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BLAKE, PATRICK H.	5.2 NAME	
STREET ADDRESS	175 LINFIELD DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	JARVI, TOM C.	6.2 NAME	
STREET ADDRESS	175 LINFIELD DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ Maryla R. Fitch _____ 7-22-98 650-326-1700

CR2E034 (5/98)