

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91173 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 845281</b>			
1. Entity Name <b>KENAN TRANSPORT COMPANY</b>			
Principal Place of Business <b>143 WEST FRANKLIN STREET P O BOX 2729 CHAPEL HILL NC 27516-0910</b>		Mailing Address <b>143 WEST FRANKLIN STREET P O BOX 2729 CHAPEL HILL NC 27516-0910</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY 1201 HAYS ST STE 105 TALLAHASSEE FL 32301</b>		4. FEI Number <b>56-0516485</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
8. 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 <i>[Signature]</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAFER, LEE P.</b>	NAME	
STREET ADDRESS	<b>3822 NOTTAWAY RD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DURHAM NC</b>	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNUTSON, GARY J</b>	NAME	
STREET ADDRESS	<b>27 WYSTERIA WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHAPEL HILL NC</b>	CITY-ST-ZIP	
TITLE	VST <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOONE, WILLIAM L.</b>	NAME	<b>V/T/D</b>
STREET ADDRESS	<b>209 BENWELL CT.</b>	STREET ADDRESS	<b>CARL YOUNG</b>
CITY-ST-ZIP	<b>MORRISVILLE NC</b>	STREET ADDRESS	<b>4895 Dressler Road NW, Suite 100</b>
TITLE	CD <input checked="" type="checkbox"/> Delete	TITLE	<b>CANTON, OH 44718</b>
NAME	<b>KENAN, THOMAS S III</b>	NAME	<b>D</b>
STREET ADDRESS	<b>P.O. BOX 4150</b>	STREET ADDRESS	<b>DENNIS NASH</b>
CITY-ST-ZIP	<b>CHAPEL HILL NC</b>	STREET ADDRESS	<b>4895 Dressler Road NW, Suite 100</b>
TITLE	O <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COWAN, J. E.</b>	NAME	<b>O/S</b>
STREET ADDRESS	<b>2808 FERRAND ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DURHAM N.C.</b>	STREET ADDRESS	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENAN, OWEN C.</b>	NAME	
STREET ADDRESS	<b>1011 PINEHURST DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHAPEL HILL NC</b>	STREET ADDRESS	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *EARL COWAN* *Earl Cowan* **4/25/02** **919 967 8221**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)