## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 27, 2001 8:00 am Secretary of State **DOCUMENT #855148** 1. Entity Name OLD DOMINION FREIGHT LINE, INC. 04-27-2001 90307 012 \*\*\*150.00 Principal Place of Business Mailing Address 1730 WESTCHESTER DR 1730 WESTCHESTER DR HIGH POINT NC 27262-7007 HIGH POINT NC 27262-7007 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 56-0751714 Not Applicable Country Zip Country \$8.75 Additional Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (10/00) ☐ Delete Change ☐ Addition NAME MCCARTY, J.B. JR. STREET ADDRESS 1730 WESTCHESTER DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HIGH POINT NO TITLE Delete ☐ Channe Addition NAME FRYE, J. W. STREET ADDRESS 1730 WESTCHESTER DR STREET ADDRESS CITY-ST-719 CITY-ST-ZIP HIGH POINT NC TITLE Delete Change ☐ Addition NAME CONGDON, EARL E NAME STREET ADDRESS 1730 WESTCHESTER DR STREET ADDRESS CITY-ST-7IP HIGH POINT NC CITY-ST-ZIP TITLE Delete TITLE Change Addition: NAME CONGDON, DAVID S NAME STREET ADDRESS STREET ADDRESS 1730 WESTCHESTER DR CITY-ST-7IP CITY-ST-ZIP HIGH POINT NO TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME EBELING, JOHN STREET ADDRESS STREET ADDRESS 1730 WESTCHESTER DR CITY-ST-ZIP CITY - ST - ZIP HIGH POINT NO TITLE ☐ Delete TITLE ☐ Cranne Addition NAME BOOKER, JOHN P NAME STREET ADDRESS 1730 WESTCHESTER DR STREET ADDRESS CITY-ST-ZIP HIGH POINT NO 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. 1P/controller