

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855148

FILED
Jan 04, 2012
Secretary of State

Entity Name: OLD DOMINION FREIGHT LINE, INC.

Current Principal Place of Business:

500 OLD DOMINION WAY
THOMASVILLE, NC 27360

New Principal Place of Business:

Current Mailing Address:

500 OLD DOMINION WAY
THOMASVILLE, NC 27360

New Mailing Address:

FEI Number: 56-0751714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SECT
Name: MCCARTY, JOEL B
Address: 500 OLD DOMINION WAY
City-St-Zip: THOMASVILLE, NC 27360

Title: TRES
Name: FRYE, J. WES
Address: 500 OLD DOMINION WAY
City-St-Zip: THOMASVILLE, NC 27360

Title: CHR
Name: CONGDON, EARL E
Address: 500 OLD DOMINION WAY
City-St-Zip: THOMASVILLE, NC 27360

Title: PRES
Name: CONGDON, DAVID S
Address: 500 OLD DOMINION WAY
City-St-Zip: THOMASVILLE, NC 27360

Title: DIR
Name: CONGDON, JOHN
Address: 500 OLD DOMINION WAY
City-St-Zip: THOMASVILLE, NC 27360

Title: VPC
Name: BOOKER, JOHN P
Address: 500 OLD DOMINION WAY
City-St-Zip: THOMASVILLE, NC 27360

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: MICHELE LEGGETT, DIRECTOR OF TAX

DIR

01/04/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date