FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

APPROVED AND FILED
95 MAY -1 PM 1:25
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 858396 (5)

1. TRANS-SOUTHERN TRUCKING COMPANY

% ALCO STANDARD CORP
P.O. BOX 834
VALLEY FORGE PA 19482

% ALCO STANDARD CORP
P.O BOX 834
VALLEY FORGE PA 19482

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1983
3a. Date of Last Report: 05/11/1994
4. FEI Number: 59-2338998 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business — 21 / 22 Suite, Apt # etc. / 23 City & State / 24 Zip / 25 Country
2a. Mailing Address — 26 / 27 Suite, Apt # etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	CRONEY J. KENNETH	NAME	
STREET ADDRESS	825 DUPARTAIL RD	STREET ADDRESS	
CITY-ST-ZIP	WAYNE PA	CITY-ST-ZIP	
TITLE	~~VC~~	TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	~~MCKIERNAN, JOHN J.~~	NAME	STUART, John E.
STREET ADDRESS	~~825 DUPORTAIL RD.~~	STREET ADDRESS	825 DUPORTAIL RD.
CITY-ST-ZIP	~~WAYNE PA~~	CITY-ST-ZIP	WAYNE, PA 19087
TITLE	SGC	TITLE	☐ Change ☐ Addition
NAME	CRONEY, J. KENNETH	NAME	
STREET ADDRESS	825 DUPORTAIL ROAD	STREET ADDRESS	
CITY-ST-ZIP	WAYNE PA	CITY-ST-ZIP	
TITLE	T	TITLE	☐ Change ☐ Addition
NAME	BREWER, O. GORDON	NAME	
STREET ADDRESS	825 DUPORTAIL ROAD	STREET ADDRESS	
CITY-ST-ZIP	WAYNE PA	CITY-ST-ZIP	
TITLE	AS	TITLE	☐ Change ☐ Addition
NAME	MOYER, BARBARA H.	NAME	
STREET ADDRESS	825 DUPORTAIL ROAD	STREET ADDRESS	
CITY-ST-ZIP	WAYNE PA	CITY-ST-ZIP	
TITLE	AT	TITLE	☐ Change ☐ Addition
NAME	DEAY, STEPHEN K.	NAME	
STREET ADDRESS	825 DUPORTAIL ROAD	STREET ADDRESS	
CITY-ST-ZIP	WAYNE PA	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 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: [signature] STEPHEN K. DEAY 4/27/95 610-296-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0474262 FP