


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90853 018 ***150.00

DOCUMENT # F00000001179	
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1. Entity Name
MIDLAND DELIVERY SERVICE, INC.

Principal Place of Business
407 NORWALK STREET
GREENSBORO, NC 27407

Mailing Address
100 MORGAN KEEGAN DR
#200
LITTLE ROCK, AR 72202

40000000



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3800 N RODNEY PARHAM ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 301	
City & State		City & State Little Rock, AR	
Zip	Country	Zip	Country
		72212	US

03282007 Chg-P CR2E034 (12/06)

4. FEI Number 41-1322215	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAIR, RICHARD C 6508 MIAMI BLUFF DRIVE MARIEMONT, OH 45227 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3800 N. Rodney Parham Rd. Suite 301 Little Rock, AR 72212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, KEVIN P 21 OLD HILL FARM ROAD WESTPORT, CT 06880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BACHMAN, DAVID R 100 MORGAN KEEGAN DR #200 LITTLE ROCK, AR 72202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3800 N. Rodney Parham Rd. Suite 301 Little Rock, AR 72212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLE, MICHAEL R 100 MORGAN KEEGAN DR LITTLE ROCK, AR 72202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3800 N. Rodney Parham Rd. Suite 301 Little Rock, AR 72212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKERT, JAMES W 1061 WEST SUTTON COURT PALATINE, IL 60067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CHRISTOPHER H 136 SOUTHPORT WOODS DRIVE SOUTHPORT, CT 06490 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janice Hull* *Janice Hull* 4-23-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #