2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000000076

1. Entity Name



FILED

Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90408 008 ***150.00 PACER CARTAGE, INC. Principal Place of Business Mailing Address CONTRATA 2300 CLAYTON ROAD 2300 CLAYTON ROAD SUITE 1200 **SUITE 1200** CONCORD, CA 94520 CONCORD, CA 94520 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 CR2E034 (11/05) Cha-P City & State Applied For City & State 4. FEI Number 52-2090059 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zio 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PCEO** TITLE ☐ Delete ☐ Change ☐ Addition NAME NOEL, VAL T NAME STREET ADDRESS 2300 CLAYTON ROAD, SUITE 1200 STREET ADDRESS CITY-ST-ZIP CONCORD, CA 94520 CITY-ST-ZIP VCFO TITLE Delete TITLE ☐ Change ☐ Addition YARBERRY, LAWRENCE C STREET ADDRESS 2300 CLAYTON ROAD, SUITE 1200 STREET ADDRESS CITY-ST-ZIP CONCORD, CA 94520 CITY-ST-7IP TITLE Delete TITLE □ Change ☐ Addition KILLEA, MICHAEL NAME STREET ADDRESS 2300 CLAYTON ROAD, SUITE 1200 STREET ADDRESS CITY-ST-ZIP CONCORD, CA 94520 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ 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.

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITL F

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SMITH, CW

YAO, NINA S

CONCORD, CA 94520

CONCORD, CA 94520

DOHERTY, JOSEPH B

CONCORD, CA 94520

2300 CLAYTON ROAD, SUITE 1200

2300 CLAYTON ROAD, SUITE 1200

2300 CLAYTON ROAD, SUITE 1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NINA YHO

☐ Delete

☐ Delete

4/7/06

9258871400

Daytime Phone #

☐ Change

☐ Change

■ Addition

☐ Addition