

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000454

FILED
Jan 30, 2006
Secretary of State

Entity Name: MILLER INTERMODAL LOGISTICS SERVICES, INC.

Current Principal Place of Business:

5500 HWY 80 WEST
JACKSON, MS 39209

New Principal Place of Business:

Current Mailing Address:

PO BOX 1123
JACKSON, MS 392151123 US

New Mailing Address:

FEI Number: 64-0838995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, LAWRENCE J
249 CATALONIA AVENUE
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCDUFFIE III, H. WOODIE
Address: 5500 HWY 80 WEST
City-St-Zip: JACKSON, MS 39209 US

Title: VP () Delete
Name: HEGI, JOE
Address: 5500 HWY 80 WEST
City-St-Zip: JACKSON, MS 39209 US

Title: VP () Delete
Name: HASKINS, STEVE
Address: 5500 HWY 80 WEST
City-St-Zip: JACKSON, MS 39209 US

Title: ST () Delete
Name: SCOTT IV, WALTER M
Address: 5500 HWY 80 WEST
City-St-Zip: JACKSON, MS 39209 US

Title: D () Delete
Name: HOLLY V, CAROL M
Address: 5500 HWY 80 WEST
City-St-Zip: JACKSON, MS 39209 US

Title: D () Delete
Name: NETTLES, LISA M
Address: 5500 HWY 80 WEST
City-St-Zip: JACKSON, MS 39209 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOE HEGI

VP

01/30/2006

Electronic Signature of Signing Officer or Director

Date