

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000454

Entity Name: MILLER INTERMODAL LOGISTICS SERVICES, INC.

FILED  
Jan 11, 2008  
Secretary of State

**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: HASKINS, STEVE  
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: ST ( ) Delete  
Name: RAMSAY, LAMAR  
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:

Title: ( ) Change ( ) Addition  
Name:  
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 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

01/11/2008

Electronic Signature of Signing Officer or Director

Date