

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000001851

1. Entity Name
FEDEX FREIGHT SYSTEM, INC.



Principal Place of Business

**2200 FORWARD DRIVE
HARRISON, AR 72602**

Mailing Address

**2200 FORWARD DRIVE
HARRISON, AR 72602**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number

94-3416699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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)

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

**000000597684
01/24/07-80046-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	DUNCAN, DOUGLAS G
STREET ADDRESS	1715 AARON BRENNER DR, SUITE 600
CITY-ST-ZIP	MEMPHIS, TN 38120
TITLE	TCFO
NAME	CONNER, FRANK L
STREET ADDRESS	2200 FORWARD DRIVE
CITY-ST-ZIP	HARRISON, AR 72602
TITLE	S
NAME	RHEA, ROBERT H
STREET ADDRESS	1715 AARON BRENNER DR, SUITE 600
CITY-ST-ZIP	MEMPHIS, TN 38120
TITLE	AS
NAME	REEVES, KENNETH R
STREET ADDRESS	2200 FORWARD DRIVE
CITY-ST-ZIP	HARRISON, AR 72602
TITLE	AS
NAME	KLANK, C. EDWARD III
STREET ADDRESS	942 S. SHADY GROVE ROAD
CITY-ST-ZIP	MEMPHIS, TN 38120
TITLE	VP
NAME	SATTERFIELD, GREG
STREET ADDRESS	2200 FORWARD DRIVE
CITY-ST-ZIP	HARRISON, AR 72601

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Greg Satterfield **Greg Satterfield** 1-5-07 870-741-9000