## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 06, 2008 8:00 am Secretary of State

DOCUMENT # F0200001851  1. Entity Name FEDEX FREIGHT SYSTEM, INC.					,		008 90032 036 ***]	150.00
Principal Place of Business Mailing Address					40			
2200 FORWARD DRIVE		2200 FORWARD DRIVE						
HARRISON, AR 72602		HARRISON, AR 72602		•	1			
	72302	7311110011,7111 72002		. ,	 	E B	3)   61    13 6    63   3 6  6  6  6	M 1181
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04112008	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Numbe 94-341		<del></del>	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	S8.75 Add Fee Required	
6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered Agent	~
				Name				
C T CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  PLANTATION EL 22224			Str	Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION, FL 33324								
			Cit	City 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								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Ageni	l signature required	when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees								
10.	OFFICERS AND	DIRECTORS	-11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTORS	3 IN 11
TITLE	PCEO	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	DUNCAN, DOUGLAS G		NAME					
STREET ADDRESS				RESS				
CITY-ST-ZIP	MEMPHIS, TN 38120		CITY - ST - ZII					
TITLE	TCFO	Delete	TITLE	DCF			☐ Change	Addition
NAME	CONNER, FRANK L		NAME	Decak	d C. Brow	η. η	الما الما	
STREET ADDRESS CITY-ST-ZIP	2200 FORWARD DRIVE HARRISON, AR 72602		STREET ADD		CLION Brei	nner Dr.su	الح قول	
	S 72002			lliem	10012 11 W	38160		T carre
TITLE NAME	RHEA, ROBERT H	☐ Detete	TITLE NAME				☐ Change	Addition
STREET ADDRESS	1715 AARON BRENNER DR. SU	JITE 600	STREET ADD	BESS				
CITY-ST-ZIP	MEMPHIS, TN 38120		CITY - ST - ZI					
TITLE	AS	<b>⊠.</b> Delete	TITLE	AS			☐ Change	X Addition
NAME	REEVES, KENNETH R		NAME	Midn	el Di Fort	dy brove Pa	1	,-
STREET ADDRESS	2200 FORWARD DRIVE		STREET ADD	RESS 942:			а	
CITY-ST-ZIP	HARRISON, AR 72602		CITY-ST-ZI	p Memo	ohis TN	36120		
TITLE	AS	☐ Detete	TITLE	'	• •		Change	Addition
NAME	KLANK, C. EDWARD III		NAME					
STREET ADDRESS CITY-ST-ZIP	942 S. SHADY GROVE ROAD		STREET ADD CITY - ST - ZII	ı				
	MEMPHIS, TN 38120				<u> </u>		<b>4</b> 13 0	<b>—</b> • • • • •
TITLE NAME .	VP SATTERFIELD, GREG	☐ Delete	TITLE NAME	VP :	? ASST	TREASURE	<b>.R.</b>	Addition
STREET ADDRESS	2200 FORWARD DRIVE		STREET ADD	RESS				
CITY-ST-ZIP	HARRISON, AR 72601		CITY+ST-ZII	1				
	partify that the information supplied with	Abia filian dana ant avalle fa		l	tin Chantar 110		I for the annual for the state of	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions conteined 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

Grea Satherfield - Ass

4-14-09

870-741-9000

Date

Daylime Phone #