

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000006243

1. Entity Name

N C D DEDICATED LOGISTICS, INC.



Principal Place of Business

400 MALTESE DRIVE
TOTOWA, NJ 07512

Mailing Address

400 MALTESE DRIVE
TOTOWA, NJ 07512



02212004 No Chg-P CR2E034 (10/03)

4. FEI Number

26-0037108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000096739
03/26/04 80010-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	MCKENNA, ROBERT
STREET ADDRESS	400 MALTESE DRIVE
CITY - ST - ZIP	TOTOWA, NJ 07512
TITLE	VP
NAME	MCKENNA, DONALD
STREET ADDRESS	5400 NALKIN DRIVE, APT 5432
CITY - ST - ZIP	WALLINGTON, NJ 07057
TITLE	ST
NAME	MCKENNA, MARIA
STREET ADDRESS	196 DONALDSON AVENUE
CITY - ST - ZIP	RUTHERFORD, NJ 07070
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: *Robert McKenna* **ROBERT MCKENNA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

973-256-1010

Daytime Phone #