

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002765

FILED
Jan 13, 2009
Secretary of State

Entity Name: UTI TRANSPORT SOLUTIONS-INTRANSIT INC.

Current Principal Place of Business:

3525 EXCEL DR.
MEDFORD, OR 97504

New Principal Place of Business:

Current Mailing Address:

PO BOX 1685
MEDFORD, OR 97501

New Mailing Address:

FEI Number: 93-0695163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELSENI, RICHARD
12200 NW 25 ST., STE. 115
MIAMI, FL 33182 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: CD () Delete
Name: GATES, BILL
Address: PO BOX 1685
City-St-Zip: MEDFORD, OR 97501

Title: D () Delete
Name: HEXTALL, JOHN
Address: PO BOX 1685
City-St-Zip: MEDFORD, OR 97501

Title: D () Delete
Name: OCHI, GENE
Address: PO BOX 1685
City-St-Zip: MEDFORD, OR 97501

Title: D () Delete
Name: WILSON, GARY M.
Address: PO BOX 1685
City-St-Zip: MEDFORD, OR 97501

Title: P () Delete
Name: FARTHING, DON
Address: PO BOX 1685
City-St-Zip: MEDFORD, OR 97501

Title: S () Delete
Name: MCCLURE, STEVEN
Address: PO BOX 1685
City-St-Zip: MEDFORD, OR 97501

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: DENNIS J. HEIL

VP

01/13/2009

Electronic Signature of Signing Officer or Director

Date