2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 8:00 am Secretary of State DOCUMENT #F36280 1. Entity Name 04-30-2007 90853 017 ***150.00 FREIGHT MOVERS, INC. Mailing Address Principal Place of Business 100 MORGAN KEEGAN DR 100 MORGAN KEEGAN DRIVE 400000010 STE 200 STE 200 LITTLE ROCK, AR 72202 LITTLE ROCK, AR 72202-2210 US Principal Place of Business - No P.O. Box # Mailing Address 3800 N. <u>Rodney PARHAM</u> 800 N. Rodnew BARHAM Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 03282007 CR2E034 (12/06) Chg-P #301 #301 City & State City & State 4. FEI Number Applied For ROCK ittle AR 59-2149709 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLE, MICHAEL R Street Address (P.O. Box Number is Not Acceptable) 33 LANE AVE SOUTH JACKSONVILLE, FL 32254 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 Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE S ☐ Delete TITLE Change Change ☐ Addition 3800 N. Rodney Parham Rd. Suite 301 BACHMAN, DAVID R NAME NAME 100 MORGAN KEEGAN DR STE 200 STREET ADDRESS STREET ADDRESS Little Rock, AR 72212 CITY-ST-ZIP LITTLE ROCK, AR 72202 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME COLLINS, KEVIN P NAME STREET ADDRESS STREET ADDRESS 21 OLD FARM ROAD CITY-ST-ZIP WESTPORP, CT 06680 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE SMITH, CHRISTOPHER NAME STREET ADDRESS 136 SOUTPORT WOODS STREET ADDRESS SOUTHPORT, CT 06490 CITY-ST-ZIP CITY-ST-ZIP **⊠** Delete ☐ Change noitibhA TITLE TITLE COLE, MICHAEL R NAME NAME 100 MORGAN KEEGAN DR SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LITTLE ROCK, AR 72202 TITLE ☐ Delete TITI F Change Ch ■ Addition 3800 N. Rodney Parham Rd. Suite 301 CLAIR, RICHARD C NAME NAME STREET ADDRESS 6508 MIAMI BLUFF DRIVE STREET ADDRESS Little Rock, AR 72212 CITY-ST-ZIP CINCINNATI, OH 45227 CITY-ST-ZIP TITLE ☐ Delete TIT! E ☐ Change ☐ Addition ECKERT, JAMES W NAME NAME 1061 WEST SUTTON PLACE STREET ADDRESS STREET ADDRESS PALANTINE, IL 60667 CITY-ST-ZIP CITY-ST-ZIP

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

SIGNING OFFICER OR DIRECTOR

changed, or on an attachme

SIGNATURE:

FILED