FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 4:19

DOCUMENT # **F92000000918 (4)**

1. Corporation Name
TNT FREIGHTWAYS CORPORATION

Principal Place of Business	Mailing Address
9700 HIGGINS ROAD, SUITE 570 ROSEMONT IL 60018	9700 HIGGINS ROAD, SUITE 570 ROSEMONT IL 60018

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/28/1992**
3a. Date of Last Report: **02/14/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **36-3790696** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	S ☒ Change ☐ Addition
NAME	BAILEY, B. CARLTON	1.2 NAME	Richard C. Pagano
STREET ADDRESS	9700 HIGGINS ROAD, STE 570	1.3 STREET ADDRESS	9700 Higgins Road, Suite 570
CITY-ST-ZIP	ROSEMONT IL	1.4 CITY-ST-ZIP	Rosemont, Illinois 60018
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	CARRUTH, J C	2.2 NAME	
STREET ADDRESS	9700 HIGGINS ROAD, SUITE 570	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEMONT IL 60018	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	GORNO, MICHAEL J	3.2 NAME	
STREET ADDRESS	750 EAST 40TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLAND MI 49423	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	☐ Change ☐ Addition
NAME	ELLIS, CHRISTOPHER L	4.2 NAME	
STREET ADDRESS	9700 HIGGINS ROAD, SUITE 570	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEMONT IL 60018	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	CLARKE, THOMAS W	5.2 NAME	
STREET ADDRESS	9700 HIGGINS ROAD, SUITE 570	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEMONT IL 60018	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	OWEN, ROBERT S	6.2 NAME	
STREET ADDRESS	9700 HIGGINS ROAD, SUITE 570	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEMONT IL 60018	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard C Pagano RICHARD C. PAGANO 1/11/95 708 690-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0467789 FP