## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000006311

Entity Name: CON-WAY FREIGHT INC.

FILED Jan 13, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
110 PARKLAND PLACE ANN ARBOR, MI 48103 US				2211 OLD EARHART ROAD ANN ARBOR, MI 48105 US		
Current M	lailing Address	<b>5:</b>		New Maili	ng Addres	s:
	PUS DRIVE EO, CA 94403	US				
FEI Number:	: 94-2904084	FEI Number Applied For ( )	FEI Nun	nber Not Appl	licable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:		Name and	Address	of New Registered Agent:
SUITE 105 1201 HAYS TALLAHAS The above	; S STREET SSEE, FL 3230		urpose o	f changing i	ts registere	ed office or registered agent, or both,
SIGNATU						
Election Car		c Signature of Registered Ager  Trust Fund Contribution ( ).	nt			Date
	S AND DIRECT	,		ADDITION	IS/CHANG	ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:		Delete GLAS W DRIVE		Title: Name: Address: City-St-Zip:	2211 OLD	(X) Change()Addition DOUGLAS W EARHART ROAD R, MI 48105
Title: Name: Address: City-St-Zip:	VD () ENGERS, SCOT 110 PARKLAND ANN ARBOR, MI	PLAZA		Title: Name: Address: City-St-Zip:		(X) Change () Addition SCOTT J EARHART ROAD R, MI 48105
Title: Name: Address: City-St-Zip:	PD () I LABRIE, JOHN G 110 PARKLAND ANN ARBOR, MI	PLAZA		Title: Name: Address: City-St-Zip:		(X) Change()Addition DHN G EARHART ROAD R, MI 48105
Title: Name: Address: City-St-Zip:	SD () I PILEGGI, JENNI 2855 CAMPUS E SAN MATEO, CA	FER W PRIVE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () I SCHICK, KEVIN 2855 CAMPUS E SAN MATEO, CA	PRIVE		Title: Name: Address: City-St-Zip:	2211 OLD	(X) Change()Addition , STEPHEN L EARHART ROAD R, MI 48105
Title: Name: Address: City-St-Zip:	D ( ) I CHOPRA, MANC 110 PARKLAND ANN ARBOR, MI	PLAZA		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition EAN M EARHART ROAD R, MI 48105

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: JENNIFER W PILEGGI S 01/13/2009