2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90443 029 ***150.00

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1. Entity Name
FEDEX FREIGHT EAST, INC.

Principal Place of Business	Mailing Address
2200 FORWARD DR HARRISON, AR 72601	2200 FORWARD DR HARRISON, AR 72601

DO NOT WRITE IN THIS SPACE

04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
71-0562003
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	REEVES, KEN
STREET ADDRESS	2200 FORWARD DR
CITY-ST-ZIP	HARRISON, AR 72601
TITLE	VT
NAME	CONNER, FRANK
STREET ADDRESS	2200 FORWARD DR
CITY-ST-ZIP	HARRISON, AR
TITLE	P
NAME	REED, PATRICK
STREET ADDRESS	2200 FORWARD DR.
CITY-ST-ZIP	HARRISON, AR 72601
TITLE	D
NAME	DUNCAN, DOUGLAS G
STREET ADDRESS	6075 POPLAR AVE.
CITY-ST-ZIP	MEMPHIS, TN 38119
TITLE	D
NAME	BROWN, DOUGLAS C
STREET ADDRESS	6075 POPLAR AVE.
CITY-ST-ZIP	MEMPHIS, TN 38119
TITLE	VP
NAME	BEAL, DENNIS
STREET ADDRESS	2200 FORWARD DR
CITY-ST-ZIP	HARRISON, AR

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Frank Conner 4-21-4 870-741-9012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #