

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000003326

1. Entity Name
FEDEX FREIGHT EAST, INC.



Principal Place of Business
**2200 FORWARD DR
HARRISON, AR 72601**

Mailing Address
**2200 FORWARD DR
HARRISON, AR 72601**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000597683
01/24/07-80046-017 150.00

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	MILLER, LARRY
STREET ADDRESS	2200 FORWARD DR.
CITY-ST-ZIP	HARRISON, AR 72601
TITLE	D
NAME	DUNCAN, DOUGLAS G
STREET ADDRESS	1715 AARON BLENNER DRIVE SUITE 600
CITY-ST-ZIP	MEMPHIS, TN 38120
TITLE	D
NAME	BROWN, DOUGLAS C
STREET ADDRESS	1715 AARON BRENNER DRIVE SUITE 600
CITY-ST-ZIP	MEMPHIS, TN 38120
TITLE	VP
NAME	BEAL, DENNIS
STREET ADDRESS	2200 FORWARD DR
CITY-ST-ZIP	HARRISON, AR

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Conner
Frank Conner

Date

1-5-07

Daytime Phone #

870-741-9000