FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90154 012 ***150.00

DOCUMENT # F96000000081

1. Entity Name
PERDUE TRANSPORTATION INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
31149 OLD OCEAN CITY RD	P O BOX 1537
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SALISBURY, MD	City & State: SALISBURY, MD
Zip: 21801 Country:	Zip: 21802-1537 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 52-1188595 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: THE PRENTICE-HALL CORPORATION SYSTEM, INC
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
SUITE 105
City: TALLAHASSEE **FL** Zip Code: 32301

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	PERDUE, JAMES A	NAME	
STREET ADDRESS	5381 ROYAL MILE BLVD.	STREET ADDRESS	
CITY - ST - ZIP	SALISBURY, MD	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	TURLEY, ROBERT A	NAME	
STREET ADDRESS	30705 FOX CHASE DR	STREET ADDRESS	
CITY - ST - ZIP	SALISBURY, MD	CITY - ST - ZIP	
TITLE	S	TITLE	
NAME	BARNES, R E	NAME	
STREET ADDRESS	RT 2 BOX 107	STREET ADDRESS	
CITY - ST - ZIP	PRINCESS ANNE, MD	CITY - ST - ZIP	
TITLE	T	TITLE	
NAME	HETHERINGTON, WILLIAM S	NAME	
STREET ADDRESS	3686 DEVONSHIRE DR	STREET ADDRESS	
CITY - ST - ZIP	SALISBURY, MD	CITY - ST - ZIP	
TITLE	DC	TITLE	
NAME	PERDUE, FRANKLIN P	NAME	
STREET ADDRESS	1529 WOODLAND	STREET ADDRESS	
CITY - ST - ZIP	SALISBURY, MD	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: R. Elaine Barnes (R. Elaine Barnes) Secretary 4-24-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1