## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000000081

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

**Entity Name: PERDUE TRANSPORTATION INCORPORATED** 

FILED Apr 12, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 31149 OLD OCEAN CITY ROAD 31149 OLD OCEAN CITY ROAD SALISBURY, MD 21801 SALISBURY, MD 21804 **Current Mailing Address: New Mailing Address:** PO BOX 1537 31149 OLD OCEAN CITY ROAD SALISBURY, MD 21801 SALISBURY, MD 21804 FEI Number: 52-1188595 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition PERDUE, JAMES A Name: Name: PERDUE, JAMES A PREDIR 5381 ROYAL MILE BLVD 31149 OLD OCEAN CITY RD. Address: Address: City-St-Zip: SALISBURY MD City-St-Zip: SALISBURY, MD 21804 Title: Title: ( ) Delete (X) Change ( ) Addition Name: TURLEY, ROBERT A Name: BURZA, EILEEN F DIR. 30705 FOX CHASE DR 31149 OLD OCEAN CITY RD. Address: Address: SALISBURY, MD SALISBURY, MD 21804 City-St-Zip: City-St-Zip: ) Delete (X) Change ( ) Addition Title: Title: SEC BARNES, R E BARNES, ELAINE R SEC. Name: Name: RT 2 BOX 107 31149 OLD OCEAN CITY RD Address: Address: City-St-Zip: PRINCESS ANNE, MD City-St-Zip: SALISBURY, MD 21804

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

**TREA** 

ASEC

MAHN, THOMAS E TREAS.

SALISBURY, MD 21804

SALISBURY, MD 21804

31149 OLD OCEAN CITY RD.

31149 OLD OCEAN CITY RD.

FRERICHS, JR, HERBERT D ASEC

(X) Change ( ) Addition

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SIGNATURE: ANNE MEYER POA 04/12/2008

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MAHN, THOMAS E

4406 STURBRIDGE DR

SALISBURY, MD 21004

PERDUE, FRANKLIN P

1529 WOODLAND

SALISBURY, MD