2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003964

Entity Name: NEW BERN TRANSPORT CORPORATION

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
SUITE 305A		E, 50 EAST 91ST STREET US			
Current Mailing Address:			New Mailing Address:		
1 PEPSI WAY SOMERS, NY 10589 US					
FEI Number: 3	35-2015991	FEI Number Applied For () FEI Num	nber Not Appli	licable () Certificate of Status Desired ()	
Name and A	Address of Cu	urrent Registered Agent:	Name and	Address of New Registered Agent:	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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	c Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS: ADDITIONS/CH/				IS/CHANGES TO OFFICERS AND DIRECTORS:	
Address:	PD ()[DREWES, ALFR 1 PEPSI WAY SOMERS, NY 10		Title: Name: Address: City-St-Zip:	P (X) Change () Addition CRAWFORD, VICTOR 1 PEPSI WAY SOMERS, NY 10589	
Name: Address:	VPTD ()[D'ALESSANDRO 1 PEPSI WAY SOMERS, NY 10		Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition DREWES, ALFRED 1 PEPSI WAY SOMERS, NY 10589	
Name: Address:	VSD () [YAWMAN, DAVIE 1 PEPSI WAY SOMERS, NY 10		Title: Name: Address: City-St-Zip:	VPSD (X) Change () Addition YAWMAN, DAVID 1 PEPSI WAY SOMERS, NY 10589	
	VP ()[VAN SADERS, W 1 PEPSI WAY SOMERS, NY 10	/ILLIAM	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition FICHERA, MICHAEL 1 PEPSI WAY SOMERS, NY 10589	
Title: Name: Address: City-St-Zip:	VP ()[HIRSHEIMER, M 1 PEPSI WAY SOMERS, NY 10		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	VPTD () Change (X) Addition SMITH, KENNETH 1 PEPSI WAY SOMERS, NY 10589	

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: MICHAEL FICHERA VP 04/29/2008