


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90080 026 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F98000000380</b>					
1. Corporation Name <b>AMERISERVE TRANSPORTATION, INC.</b>					
Principal Place of Business <b>14841 DALLAS PARKWAY DALLAS TX 75240</b>			Mailing Address <b>14841 DALLAS PARKWAY DALLAS TX 75240</b>		
2. Principal Place of Business 21 <b>15305 Dallas Pkwy, #1600</b> Suite, Apt. #, etc. 22 <b>P.O. Box 9016</b> City & State 23 <b>Addison, TX</b> Zip Country 24 <b>75001-9016</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>15305 Dallas Pkwy, Tax Dept</b> Suite, Apt. #, etc. 27 <b>P.O. Box 9016; MS14A</b> City & State 28 <b>Addison, TX</b> Zip Country 29 <b>75001-9016</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>01/22/1998</b> 4. FEI Number <b>91-1824117</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME <b>PTD MARSHALL, RAYMOND</b> STREET ADDRESS <b>14841 DALLAS PARKWAY</b> CITY-ST-ZIP <b>DALLAS TX 75240</b>			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>15305 Dallas Parkway, Ste.1600</b> 1.4 CITY-ST-ZIP <b>Addison, TX 75001-9016</b>		
TITLE <input type="checkbox"/> DELETE NAME <b>V EVANS, JOHN R</b> STREET ADDRESS <b>14841 DALLAS PARKWAY</b> CITY-ST-ZIP <b>DALLAS TX 75240</b>			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS <b>545 Steamboat Road</b> 2.4 CITY-ST-ZIP <b>Greenwich, CT 06830</b>		
TITLE <input type="checkbox"/> DELETE NAME <b>V ZIELINSKI, EDWARD R</b> STREET ADDRESS <b>14841 DALLAS PARKWAY</b> CITY-ST-ZIP <b>DALLAS TX 75240</b>			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS <b>15305 Dallas Parkway, Ste.1600</b> 3.4 CITY-ST-ZIP <b>Addison, TX 75001-9016</b>		
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>CFOS ROGERS, DONALD J</b> STREET ADDRESS <b>14841 DALLAS PARKWAY</b> CITY-ST-ZIP <b>DALLAS TX 75240</b>			4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS <b>Vice President &amp; Secretary</b> 4.4 CITY-ST-ZIP <b>Kevin J. Rogan</b> <b>15305 Dallas Parkway, Ste.1600</b> <b>Addison, TX 75001-9016</b>		
TITLE <input type="checkbox"/> DELETE NAME <b>VAS DUFFY, DANIEL J</b> STREET ADDRESS <b>14841 DALLAS PARKWAY</b> CITY-ST-ZIP <b>DALLAS TX 75240</b>			5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS <b>15305 Dallas Parkway, Ste.1600</b> 5.4 CITY-ST-ZIP <b>Addison, TX 75001-9016</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Raymond E. Marshall* **Raymond E. Marshall** 4/29/99 972-364-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)