

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000903

FILED
Apr 26, 2005
Secretary of State

Entity Name: BRIDGE TERMINAL TRANSPORT, INC.

Current Principal Place of Business:

6000 CARNEGIE BLVD
CHARLOTTE, NC 28209

New Principal Place of Business:

Current Mailing Address:

TAX DEPT
P.O BOX 880
MADISON, NJ 07940

New Mailing Address:

FEI Number: 22-2624077 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: BROWN, CLARK E
Address: 3022 ASHFORD GLEN DRIVE
City-St-Zip: WEDDINGTON, NC 28104

Title: D () Delete
Name: CONNORS, PHILIP V
Address: 115 HEMPSTEAD COURT
City-St-Zip: MADISON, NJ 07940

Title: CD () Delete
Name: ANDERSEN, THOMAS T
Address: 55 WEST LANE
City-St-Zip: MADISON, NJ 07940

Title: VP () Delete
Name: DROGAN, RONALD D
Address: 14 SHORT HILLS BLVD
City-St-Zip: JACKSON, NJ 08527

Title: VP () Delete
Name: WOODWARD, THOMAS
Address: 103 TIMBER LANE
City-St-Zip: ISLE OF PALMS, SC 29451

Title: TCS () Delete
Name: MOSKOVITZ, GERRI
Address: 8535 HEDFORD ROAD
City-St-Zip: CHARLOTTE, NC 28277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: BRUNER, J RUSSELL
Address: 7 HORTON DRIVE
City-St-Zip: CHESTER, NJ 07930

Title: VP (X) Change () Addition
Name: DROGAN, RONALD D
Address: 1806 SUMMIT VIEW PLACE
City-St-Zip: WAXHAW, NC 28173

Title: VP (X) Change () Addition
Name: WHITE, BYRON R
Address: 17126 LAUREL WALK COURT
City-St-Zip: CHARLOTTE, NC 28277

Title: ST (X) Change () Addition
Name: ANDERSEN, KIM K
Address: 9166 BONNIE BRIAR CIRCLE
City-St-Zip: CHARLOTTE, NC 28277

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KIM K. ANDERSEN

ST

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date