


**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90037 005 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000007061**

1. Corporation Name  
**CONSOLIDATED ROUTE, INC.**



Principal Place of Business 25E BROOKFIELD OAKS DRIVE GREENVILLE SC 29607	Mailing Address 25E BROOKFIELD OAKS DRIVE GREENVILLE SC 29607
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 57-1063589	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NATIONAL CORPORATE RESEARCH LTD INC 1408 HAYS STREET, SUITE #2 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	FL	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGBERT, JON A	1.2 NAME	
STREET ADDRESS	25E BROOKFIELD OAKS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29607	1.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILTZ, KENNETH A	2.2 NAME	
STREET ADDRESS	25E BROOKFIELD OAKS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29607	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENDA, KEVIN P	3.2 NAME	
STREET ADDRESS	25E BROOKFIELD OAKS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29607	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEPORENT, MARK A	4.2 NAME	
STREET ADDRESS	25E BROOKFIELD OAKS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29607	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLEN, JONATHAN	5.2 NAME	
STREET ADDRESS	25E BROOKFIELD OAKS DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29607	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGBERT, JON A	6.2 NAME	
STREET ADDRESS	25E BROOKFIELD OAKS DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29607	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: [Signature] **REQUIRED** Date: 4/12/99 Daytime Phone #: 864-213-1000

CR2E034 (11/98)