

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005029

1. Entity Name

U.S. TRANSFORCE, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90025 010 ***550.00

Principal Place of Business

5155 HAMPTON PLACE
 SAGINAW MI 48604

Mailing Address

5155 HAMPTON PLACE
 SAGINAW MI 48604

2. Principal Place of Business

2200 Mill Road

Suite, Apt. #, etc.

4th Floor

Alexandria, Virginia

3. Mailing Address

2200 Mill Road

Suite, Apt. #, etc.

4th Floor

Alexandria, Virginia



DO NOT WRITE IN THIS SPACE

4. FEI Number

54-1922539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
 NAME BROOME, DAVID W
 STREET ADDRESS 5510 CHEROKEE AVE., SUITE 260
 CITY-ST-ZIP ALEXANDRIA VA 22312

TITLE VD ☐ Delete
 NAME BUTCHER, JOHN C
 STREET ADDRESS 5510 CHEROKEE AVE., SUITE 260
 CITY-ST-ZIP ALEXANDRIA VA 22312

TITLE STD ☐ Delete
 NAME BRUCE, RICHARD O
 STREET ADDRESS 5510 CHEROKEE AVE., SUITE 260
 CITY-ST-ZIP ALEXANDRIA VA 22312

TITLE D ☐ Delete
 NAME RAYNOR, DAN
 STREET ADDRESS 405 LEXINGTON AVE., 54TH FLOOR
 CITY-ST-ZIP NEW YORK-NY 10174

TITLE D ☐ Delete
 NAME STEVENS, EDWARD
 STREET ADDRESS 8300 GOSHEN VIEW DRIV
 CITY-ST-ZIP GAITHERSBURG MD 20882

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Asst. S ☐ Change ☒ Addition
 NAME Kenneth D. Williamson
 STREET ADDRESS 12903 Midstock Lane
 CITY-ST-ZIP Upper Marlboro, MD 20772

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David W. Broome, President

Date

Daytime Phone #

10/11/00

703-838-5580

CR2E034 (5/00)