

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90012 019 ***550.00

0877027

DOCUMENT # F99000005029

1. Entity Name

U.S. TRANSFORCE, INC.

Principal Place of Business

Mailing Address

**2200 MILL ROAD
 4TH FLOOR
 ALEXANDRIA VA 22314**

**2200 MILL ROAD
 4TH FLOOR
 ALEXANDRIA VA 22314**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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.

(NOT 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE **EVD** ☒ Change ☐ Addition
 NAME **Butcher, John C**
 STREET ADDRESS **10804 Pollard Terrace**
 CITY-ST-ZIP **Vienna, VA 22182**

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

TITLE **STD** ☒ Change ☐ Addition
 NAME **Bruce, Richard O**
 STREET ADDRESS **1010 N Graham Road**
 CITY-ST-ZIP **Saginaw, MI 48609**

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

TITLE **D** ☒ Change ☐ Addition
 NAME **Raynor, Dan**
 STREET ADDRESS **1225 Tokington Court**
 CITY-ST-ZIP **Rydil, PA 19046**

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

TITLE **PD** ☒ Change ☐ Addition
 NAME **Broome, David W**
 STREET ADDRESS **5938 Clames Drive**
 CITY-ST-ZIP **Alexandria, VA 22310**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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: David W. Broome, President 5/23/01 703-838-5580
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)