

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G86260

FILED
Jan 15, 2009
Secretary of State

Entity Name: RYDER TRUCKSTOPS, INC.

Current Principal Place of Business:

CORPORATE TAX DEPT
11690 NW 105 ST
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

CORPORATE TAX DEPT
11690 NW 105 ST
MIAMI, FL 33178

New Mailing Address:

FEI Number: 65-0075567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FATOVIE, ROBERT D
11690 NW 105 ST
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

FATOVIC, ROBERT D
11690 NW 105 ST
MIAMI, FL 33178 US

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: ROBERT D. FATOVIC

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: SWIENTON, GREGORY T
Address: 11690 NW 105 ST
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: SANCHEZ, ROBERT E
Address: 11690 NW 105 ST
City-St-Zip: MIAMI, FL 33178

Title: AT () Delete
Name: RABIN, SUSAN F
Address: 11690 NW 105 ST
City-St-Zip: MIAMI, FL 33178

Title: VPT () Delete
Name: SUZIK, W. DANIEL
Address: 11690 NW 105 ST
City-St-Zip: MIAMI, FL 33178

Title: VPS () Delete
Name: FATOVIC, ROBERT D
Address: 11690 NW 105 ST
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: SANCHEZ, ROBERT E
Address: 11690 NW 105 ST
City-St-Zip: MIAMI, FL 33178

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SUSAN RABIN

AT

01/15/2009

Electronic Signature of Signing Officer or Director

Date