2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 14, 2004 8:00 am Secretary of State **DOCUMENT # J99600** 1. Entity Name 04-14-2004 90013 029 ***150 00 RAVEN TRANSPORT BROKERAGE, INC. Principal Place of Business Mailing Address 11231 PHILIPS INDUSTRIAL BLVD 11231 PHILIPS INDUSTRIAL BLVD **440460**%6 **SUITE 200** SUITE 200 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 2. Principal Place of Business 3. Mailing Address 6800 Broadway Avenue 6800 Broadway Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 03292004 Cho-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number Jacksonville. FLJacksonville, 59-2857385 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 32254 32254 Duyal Duval 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SILVER SOLUTIONS, INC Street Address (P.O. Box Number is Not Acceptable) 11231 PHILIPS INDUSTRIAL BLVD 6800 Broadway Avenue SUITE 200 JACKSONVILLE, FL 32256 ^{Cib}acksonville, FL Zip Cede 4 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change Addition TITLE Delete TITLE SILVERMAN, STEPHEN J. NAME NAME 6800 Broadway Avenue 11231 PHILIPS INDUSTRIAL BLVD STREET ADDRESS STREET ADDRESS 32254 Jacksonville, FL CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY-ST-ZIP ПП Е Change Addition TITLE Delete SILVERMAN, JUDITH E NAME NAME STREET ADDRESS 11231 PHILIPS INDUSTRIAL BLVD STREET ADDRESS 6800 Broadway Avenue CITY-ST-ZIP Jacksonville, FL 32254 JACKSONVILLE, FL 32256 CITY-ST-ZIP K Change Delete ☐ Addition TITLE TITLE BAUM, MICHELE NAME NAME 6800 Broadway Avenue 11231 PHILIPS INDUSTRIAL BLVD STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL. 32256 CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL ☐ Addition X Change TITLE Delete TENE TEICHERT, DAVID L NAME NAME 6800 Broadway Avenue STREET ADORESS 11231 PHILIPS INDUSTRIAL BLVD STREET ADDRESS CITY-ST-ZIP Jacksonville, FL 32254 CITY-ST-ZIP JACKSONVILLE, FL 32256 Change Addition Delete TITLE TITLE SCHILLECI, J.B. NAME STREET ADDRESS STREET ADORESS 3217 AIRPORT HIGHWAY CITY-ST-ZIP BIRMINGHAM, AL 35202 CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 trusted in powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an 03/31/2004 (904) 880-1515

FILED

Davtime Phone #