


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L10593 1. Entity Name TRYKAP TRANSPORTATION MANAGEMENT, INC.						FILED 08 JUL -2 PM 1:50 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5430 LBJ FREEWAY, 3 LINCOLN CENTER STE 1075 DALLAS, TX 75240				Mailing Address 5430 LBJ FREEWAY, 3 LINCOLN CENTER STE 1075 DALLAS, TX 75240			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-2962727				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BERGSTROM, WILLIAM PRES DIR 5430 LBJ FREEWAY, 3 LINCOLN CENTER, STE 1075 DALLAS, TX 75240 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600132473296 07/08/08--01021--016 **61.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPGM FEDER, KATHLEEN VPMNGR 5430 LBJ FREEWAY, 3 LINCOLN CENTER, STE 1075 DALLAS, TX 75240 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPGM Brian Dickson 5430 LBJ Frwy, Ste 1075, 3 Lincoln Center Dallas Tx 75240 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STVD MANEY, GEORGE VPSETRD 5430 LBJ FREEWAY, 3 LINCOLN CENTER, STE 1075 DALLAS, TX 75240 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR LENTZSCH, CRAIG DIR 5430 LBJ FREEWAY, 3 LINCOLN CENTER, STE 1075 DALLAS, TX 75240 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dir Robert Finke 5430 LBJ Frwy, Ste 1075, 3 Lincoln Center Dallas Tx 75240 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS CARROLL, DAVID ASEC 5430 LBJ FREEWAY, 3 LINCOLN CENTER, STE 1075 DALLAS, TX 75240 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS Linda King 5430 LBJ Frwy, Ste 1075, 3 Lincoln Center Dallas Tx 75240 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>George Maney</u> George Maney <u>08.30.08</u> <u>972-354-3534</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							