

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001779

FILED
Mar 28, 2008
Secretary of State

Entity Name: SOH TRANSPORTATION, LLC

Current Principal Place of Business:

1250 YORK STREET
HANOVER, PA 17331

New Principal Place of Business:

Current Mailing Address:

1250 YORK STREET
HANOVER, PA 17331

New Mailing Address:

FEI Number: 23-3023448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: VPST () Delete
Name: GOOD, CHARLES E
Address: 1250 YORK ST
City-St-Zip: HANOVER, PA 17331

Title: P () Delete
Name: LEE, CARL E
Address: 1250 YORK ST
City-St-Zip: HANOVER, PA 17331

Title: AT () Delete
Name: GRIM, SEAN
Address: 1250 YORK ST
City-St-Zip: HANOVER, PA 17331

Title: SEC () Delete
Name: ANDERSON, MICHAEL C
Address: 1250 YORK STREET
City-St-Zip: HANOVER, PA 17331

ADDITIONS/CHANGES:

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

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SEAN A. GRIM

AT

03/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date