

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # M03000001169

1. Entity Name
FREIGHT MANAGEMENT LLC



Principal Place of Business
800 FEDERAL BLVD.
CARTERET, NJ 07008

Mailing Address
800 FEDERAL BLVD.
CARTERET, NJ 07008



01092007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3539407

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000589734
01/18/07-80027-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
DESAYE, GREGORY
800 FEDERAL BLVD.
CARTERET, NJ 07008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
O'NEILL, ROBERT J
800 FEDERAL BLVD.
CARTERET, NJ 07008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
DESAYE, MICHAEL
800 FEDERAL BLVD.
CARTERET, NJ 07008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
DEVINE, NEIL
800 FEDERAL BLVD.
CARTERET, NJ 07008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CANGELOSI, JOSEPH
800 FEDERAL BLVD.
CARTERET, NJ 07008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. 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 is true and accurate and that my 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: JOSEPH CANGELOSI SECRETARY

01/09/07

732 750 9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #