2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004
Secretary of State

DOCUMENT# N96000002845

Entity Name: EXPRESS CARRIERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 4307
BETHLEHEM, PA 18018 US

New Principal Place of Business:

Current Mailing Address:

1000 MACARTHUR RD
STE 101
WHITEHALL, PA 18052 US

New Mailing Address:

FEI Number: 90-0033852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROOKS, MICHAEL
8201 N.W. 56TH ST
MIAMI, FL 32166 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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	STEFFES, PAUL	
Address:	8800 TINICUM BLVD	
City-St-Zip:	PHILADELPHIA, PA 19103	
Title:	MD	( ) Delete
Name:	WILLIAMSON, CHERYL	
Address:	1000 MACAURTHUR RD STE 101	
City-St-Zip:	WHITEHALL, PA 18052	
Title:	D	( ) Delete
Name:	STORM, JOHN	
Address:	86 FINNELL DR	
City-St-Zip:	WEYMOUTH, MA 02189	
Title:	T	( ) Delete
Name:	EHLERS, CARRIE	
Address:	418 N 27TH ST	
City-St-Zip:	MILWAUKEE, WI 53208	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYLE F WILLIAMSON MD 05/04/2004

Electronic Signature of Signing Officer or Director — Date