2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002845

Entity Name: EXPRESS CARRIERS ASSOCIATION, INC.

FILED Feb 02, 2005 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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PO BOX 4307 1000 MACARTHUR RD

BETHLEHEM, PA 18018 US #101

WHITEHALL, PA 18052 US

Current Mailing Address: New Mailing Address:

1000 MACARTHUR RD PO BOX 4376

STE 101 ALLENTOWN, PA 181054376 US WHITEHALL, PA 18052 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

9

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 STEFFES, PAUL
 Name:
 WESTROM, BRAD

 Address:
 8800 TINICUM BLVD
 Address:
 PO BOX 1628

 City-St-Zip:
 PHILADELPHIA, PA 19103
 City-St-Zip:
 AURORA, IL 60507

Title: MD () Delete Title: () Change () Addition

 Name:
 WILLIAMSON, CHERYL
 Name:

 Address:
 1000 MACAURTHUR RD STE 101
 Address:

 City-St-Zip:
 WHITEHALL, PA 18052
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 STORM, JOHN
 Name:
 RICHARD, ZIEMBA

 Address:
 86 FINNELL DR
 Address:
 12435 E42ND AV, #80

 City-St-Zip:
 WEYMOUTH, MA 02189
 City-St-Zip:
 DENVER, CO 80239

Title: T () Delete Title: () Change () Addition

 Name:
 FHLERS, CARRIE
 Name:

 Address:
 418 N 27TH ST
 Address:

 City-St-Zip:
 MILWAUKEE, WI 53208
 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: CAROLYN J EHLERS TRES 02/02/2005