2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007
Secretary of State

DOCUMENT# N96000002845

Entity Name: EXPRESS CARRIERS ASSOCIATION, INC.

Current Principal Place of Business:

1000 MACARTHUR RD
#101
WHITEHALL, PA 18052 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4376
ALLENTOWN, PA 181054376 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: IPD ( ) Delete
Name: WESTROM, BRAD
Address: PO BOX 1628
City-St-Zip: AURORA, IL 60507

Title: MD ( ) Delete
Name: WILLIAMSON, CHERYLE
Address: 1000 MACAURTHUR RD STE 101
City-St-Zip: WHITEHALL, PA 18052

Title: D ( ) Delete
Name: RICHARD, ZIEMBA
Address: 12435 E42ND AV, #80
City-St-Zip: DENVER, CO 80239

Title: PD ( ) Delete
Name: EHLERS, CARRIE
Address: 418 N 27TH ST
City-St-Zip: MILWAUKEE, WI 53208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: IPD (X) Change ( ) Addition
Name: EHLERS, CARRIE
Address: 418 N 27TH STREET
City-St-Zip: MILWAUKEE, WI 53208

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

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

Title: T (X) Change ( ) Addition
Name: GRAINGER, JOHN
Address: P O BOX 20705
City-St-Zip: ATLANTA, GA 30320

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 02/01/2007

Electronic Signature of Signing Officer or Director Date