2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028347

Entity Name: TRIAD LOGISTICS SERVICES CORPORATION

FILED Feb 17, 2010 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|---|---------------------------------|-----------------------------------|---|--|
| | RIE STREET RNE, FL 32935 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | RIE STREET RNE, FL 32935 | | | | |
| FEI Numbei | r: 81-0644368 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| 150 UTOF | TIMOTHY R PIA CIR I ISLAND, FL 32 | 2952 US | | | |
| | e named entity s e of Florida. | ubmits this statement for the p | urpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electron | ic Signature of Registered Age | ent | Date | |
| Election Ca | mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICER | S AND DIREC | rors: | | | |
| Title: Name: Address: | P TUGGLE, TIMO 150 UTOPIA CII | | | | |

Title: VP

City-St-Zip:

Name: BOGALIS, GLENN A
Address: 13449 BEECHBERRY DRIVE
City-St-Zip: RIVERVIEW, FL 33579

MERRITT ISLAND, FL 32952

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY TUGGLE MGR 02/17/2010