2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# P04000130931

Entity Name: THE FLORIDA INTERMODAL TRANSPORTATION ASSOCIATION, INC.

Current Principal Place of Business:

106 EAST COLLEGE AVENUE
SUITE 640
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

106 EAST COLLEGE AVENUE
SUITE 640
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-1572609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHESTNUTT, KELLI S
106 EAST COLLEGE AVENUE
SUITE 640
TALLAHASSEE, FL 32301 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: P ( ) Delete
Name: SHARKEY, JEFFREY B
Address: 106 EAST COLLEGE AVENUE, SUITE 640
City-St-Zip: TALLAHASSEE, FL 32301

Title: T ( ) Delete
Name: JOHNSON, BILL
Address: 106 EAST COLLEGE AVENUE, SUITE 730
City-St-Zip: TALLAHASSEE, FL 32301

Title: S ( ) Delete
Name: HEGLER, TRACY
Address: 106 EAST COLLEGE AVENUE, SUITE 730
City-St-Zip: TALLAHASSEE, FL 32301

Title: M ( ) Delete
Name: ARD, SAM
Address: 106 EAST COLLEGE AVENUE, SUITE 730
City-St-Zip: TALLAHASSEE, FL 32301

Title: M (X) Delete
Name: CUMBER, HUSEIN
Address: 106 EAST COLLEGE AVENUE, SUITE 730
City-St-Zip: TALLAHASSEE, FL 32301

Title: M ( ) Delete
Name: LONG, JAMES
Address: 106 EAST COLLEGE AVENUE, SUITE 730
City-St-Zip: TALLAHASSEE, FL 32301

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:

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

SIGNATURE: JEFFREY SHARKEY P 03/31/2008

Electronic Signature of Signing Officer or Director — Date