

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 PM 12:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P07103

(5)

1. Corporation Name

ROADWAY EXPRESS, INC.

Principal Place of Business

**1077 GORGE BOULEVARD
PO BOX 471
AKRON OH 44309-0471**

Mailing Address

**1077 GORGE BOULEVARD
PO BOX 471
AKRON OH 44309-0471**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/14/1985

34. Date of Last Report

05/01/1994

4. FEI Number

34-0492670

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VST
NAME	CAHILL, F W
STREET ADDRESS	1077 GORGE BLVD.
CITY - ST - ZIP	AKRON OH
TITLE	V
NAME	CAHILL, R.W.
STREET ADDRESS	10074 PRINCETON-GLENDALE
CITY - ST - ZIP	CINCINNATI OH
TITLE	CD
NAME	CLAPP, J.M.
STREET ADDRESS	1077 GORGE BLVD.
CITY - ST - ZIP	AKRON OH
TITLE	PD
NAME	WICKHAM, M. W.
STREET ADDRESS	1077 GORGE BLVD.
CITY - ST - ZIP	AKRON OH
TITLE	D
NAME	WILSON, D.A.
STREET ADDRESS	1077 GORGE BLVD.
CITY - ST - ZIP	AKRON OH
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	CAHILL, F.W.
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, in an attachment with an address.

SIGNATURE:

J.D. Cunningham

V.P. - Fin. & Admin.

4/17/95

(216) 384-1717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER