

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90005 030 ***150.00

DOCUMENT # P07103

1. Entity Name

ROADWAY EXPRESS, INC.

A0019521



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-0492670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DOYLE, F.P.	
STREET ADDRESS	1077 GORGE BLVD	
CITY-ST-ZIP	AKRON OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEEK, P.J.	
STREET ADDRESS	1077 GORGE BLVD	
CITY-ST-ZIP	AKRON OH	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MERCER, R.E.	
STREET ADDRESS	1077 GORGE BLVD.	
CITY-ST-ZIP	AKRON OH	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WICKHAM, M. W.	
STREET ADDRESS	1077 GORGE BLVD.	
CITY-ST-ZIP	AKRON OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAFER, C.W.	
STREET ADDRESS	1077 GORGE BLVD	
CITY-ST-ZIP	AKRON OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREY, D F	
STREET ADDRESS	1077 GEORGE BLVD	
CITY-ST-ZIP	AKRON OH	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	See Attached Schedule
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	See Attached Schedule
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	See Attached Schedule
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	See Attached Schedule
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	See Attached Schedule
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. D. Cunningham
& Treasurer

Date

Daytime Phone #

CR2E034 (9/99)

Executive V.P., CFO 1/28/00 (330) 384-1717