2000 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2000 8:00 am Secretary of State **DOCUMENT #** 1. Entity Name Truckers Express, Inc. 05-11-2000 90003 006 ***150.00 Principal Place of Business Mailing Address P.O. Box 4267 P.O. Box 4267 Missoula, MT 59806 Missoula, MT 59806 00047938 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 81-0412388 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road ▼ Plantation, FL 33324 City Zip Code FL 9. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. IDIE ☐ Delete Robert W. Froehlich NAME STREET ADDRESS STREET ADDRESS 3501 West Broadway CITY-ST-ZIP - ST ZIP Missoula, MT ☐ Change ☐ Addition TITLE □ Delete HILE Brian J. Smith NAME STREET ADDRESS 3501 West Broadway Commercial American CITY-ST-ZIP ST-719 Missoula, MT 59808 ☐ Change ☐ Addition TITLE HILE ☐ Delete Dale E. Spettigue NAME STREET ADDRESS 3501 West Broadway ADDRESS CITY-ST-ZIP ST ZIP Missoula, MT 59808 Addition ☐ Delete TITLE ☐ Change NAME JUNE 1 ANNERS STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Delete Change Addition STREET ADDRESS CITY - ST-ZIP ST ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS COMMENS ADDRESS. CITY-ST-ZIP 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. 4/25/00 (406) 721-6002 SIGNATURE: GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR AN J.\Smith, Vice President, General Counsel Daytime Phone #

CR2E034 (9/99)