2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 A
Secretary of State

DOCUMENT # P20865

1. Entity Name
SAIA MOTOR FREIGHT LINE, INC.

Principal Place of Business	Mailing Address
104 WOODLAWN RANCH RD HOUMA, LA 70363 US	PO BOX A STATION 1 HOUMA, LA 70363 US

DO NOT WRITE IN THIS SPACE

01222007 No Chg-P CR2E034 (11/05)

4. FEI Number
72-0524060
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000627104
02/15/07-80046-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	O'DELL, RICHARD
STREET ADDRESS	11465 JOHNS CREEK PKWY SUITE 400
CITY-ST-ZIP	DULUTH, GA 30097
TITLE	VP
NAME	GEGENHEIMER, RUEBEN J
STREET ADDRESS	11465 JOHNS CREEK PKWY SUITE 400
CITY-ST-ZIP	DULUTH, GA 30097
TITLE	VP
NAME	DARBY, JIM
STREET ADDRESS	11465 JOHNS CREEK PKWY SUITE 400
CITY-ST-ZIP	DULUTH, GA 30097
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James A. Darby JAMES A. DARBY 2/3/07 (770)232-5067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #