

FILED
May 29, 2007 8:00 am
Secretary of State

05-01-2007 90029 016 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P34599**
1. Entity Name
Exel Transportation services, INC.

DO NOT WRITE IN THIS SPACE

66017052

2. Principal Place of Business 965 Ridgeline Blvd Suite, Apt. #, etc. Suite 100 City & State Memphis TN Zip 38120 Country USA		3. Mailing Address 965 Ridgeline Blvd Suite, Apt. #, etc. Suite 100 City & State Memphis TN Zip 38120 Country USA	
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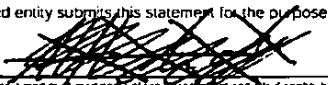
DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1712350	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Corporation Service Company	
	Street Address (P.O. Box Number is Not Acceptable) 12005 Pine Island Rd	
	City Plantation	FL Zip Code 33324

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.

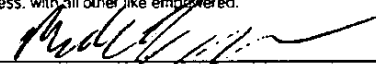
SIGNATURE  (NOTE: Registered Agent signature required when reconstituting) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	PD Dorman, James	16801 Addison Rd Suite 240	Addison Tx 76001
	VST Holland, Andrew	905 Ridgeline Blvd Suite 100	Memphis TN 38120
	✓ Thompson, Todd	16801 Addison Rd Suite 240	Addison Tx 76002
	S Merrill, Richard ✓	2700 W. Story Rd	Trinity TX 76068

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  4/26/07 901.842.2763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)