FILED
May 29, 2007 8:00 am
Secretary of State
05-01-2007 90029 016 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P34599

1. Entity Name

Exel Transportation services, INC.

DO NOT WRITE IN THIS SPACE

66017052

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
965 Ridge lake Blvd	965 Ridge lake Blvd	
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100	
City & State: Memphis TN	City & State: Memphis TN	4. FEI Number: 35-1712350 ☐ Applied For ☐ Not Applicable
Zip: 38120 Country: USA	Zip: 38120 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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: _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	Dunavan, James	NAME	
STREET ADDRESS	16801 Addison Rd Suite 240	STREET ADDRESS	
CITY-ST-ZIP	Addison TX 75001	CITY-ST-ZIP	
TITLE	VST	TITLE	
NAME	Haviland, Andrew	NAME	
STREET ADDRESS	965 Ridgelake Blvd Suite 100	STREET ADDRESS	
CITY-ST-ZIP	Memphis TN 38120	CITY-ST-ZIP	
TITLE	✓	TITLE	
NAME	Thompson, Todd	NAME	
STREET ADDRESS	16801 Addison Rd Suite 240	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Addison TX 75002	CITY-ST-ZIP	
TITLE	S	TITLE	**IN THIS SPACE**
NAME	Merrill, Richard ✓	NAME	
STREET ADDRESS	2700 W. Story Rd	STREET ADDRESS	
CITY-ST-ZIP	Irving TX 75038	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 #