## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2008 8:00 am Secretary of State

05-13-2008 90011 043 \*\*\*150.00

DOC	JMENT	# P	34599
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1. Entity Name



Exel Transportation Services, Inc								
	DO NOT WRIT	EIN	THIS S	PAC	<b>E</b>	4	0101258	
Principal Place of Business     965 Ridge Lake Blvd			3. Mailing Address 965 Ridge Lake Blvd					
Suite, Apt. #, etc. Suite 100			Suite, Apt. #, etc. Suite 100			DO NOT WRITE IN THIS SPACE		
City & State Memphis, TN		Me	City & State Memphis, TN		<b></b> .	4. FI	35-1712356	Applied For Not Applicable
Zip 38120	Country USA	Zip 38	120	USA			Fe	8.75 Additional se Required
				474 <u>-</u>	Name Corr		ne and Address of Current Registered A	agent
*	DO NOT WRITE				Corporation Service Company  Street Address (P.O. Box Number is Not Acceptable)			
	IN THIS S	<b>PAC</b>	E		12005 Pine Island Rd			
					City Planta		FL	Zip Code 33324
8. The above the obligat	e named entity submits this statement tions of registered agent.	for the pur	pose of changing its	register	ed office or regist	ered age	int, or both, in the State of Florida. I am fan	
SIGNATURE								
	Signature, typed or printed name of registered ag	ent and title if a	pplicable. (NOT	E: Registere	ed Agent signature requir	red when reir	nstatetg) DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR <sup>1</sup> is \$61.25 Make Check Payable to Florida Department of State					9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AN		ORS	<del>-</del> [				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Damman, Jar 16801 Addison Rd Suite Addison, TX 75001				* 4 1 2 7 7			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST - Hadland, Andrew 965 Ridgelake Blvd Suite Memphis, TN 38120	100						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V - Thompson, Todd 16801 Addison Rd Suite Addison, TX 75001	240		STRE	E HE ———————————————————————————————————		DO NOT WRIT	Ē
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S - Merrill, Richard 2700 W. Story Rd Irving, TX 75038				* e a 1 e	-	IN THIS SPAC	<b>E</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
TITLE NAME STREET ADDRESS CITY-\$T-ZIP					1.5			

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2008

901 274455.

Daytime Phone #

K2E034B (12/02