2005 FOR PROFIT CORPORATION

FILED Apr 08, 2005 8:00 am Secretary of State ANNUAL REPORT

04-08-2005 90082 029 ***150.00 DOCUMENT # P94000029737 QUALITY DISTRIBUTION, INC. Principal Place of Business Mailing Address 50035272 3802 CORPOREX PARK DRIVE 3802 CORPOREX PARK DRIVE TAMPA, FL 33619 ATTN: TAX DEPARTMENT TAMPA, FL 33619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232005 Cha-P CR2E034 (10/03) City & State --City & State 4. FEI Number Applied For 59-3239073 Not Applicable Country Zip Country Zio \$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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 Zip Code 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, 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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TIT! F ☐ Delete TITI 6 ☐ Channe ☐ Addition FINKBINER, THOMAS L NAME STREET ADDRESS 3802 CORPOREX PARK DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33619 CITY-ST-ZIP TITLE □ Delete ☐ Change ☐ Addition HARRIS, JOSHUA NAME NAME STREET ADDRESS 1301 AVE. OF THE AMERICAS, 38TH FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10019 CITY-ST-ZIP TITLE TITLE Chance ☐ Addition **Delete** KASAK, ROBERT R. 3802 CORPOREX PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33619 CITY-SI-70P MLE TITLE ☐ Change Addition Delete NAME HENSLEY, SAMUEL NAME STREET ADDRESS 3802 CORPOREX PARK DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33619 CITY-ST-ZIP TITLE ☐ Delete TITLE **Addition** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITE F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-7IP

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 empoyered 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 attaction of the corporation of the

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR