## **2003 FOR PROFIT CORPORATION**

## Doye 1st

|  | HIFUMM BUSINI   | <u> 599 Kepu</u>   | /KT ('                                      | UBR)                     |   |   |                               | IWU   |  |
|--|---|--|---|--------------------------|---|---|-------------------------------|---|--|
| 1. Entity Na   | JMENT # P9500 PORTATION CONTRACTORS   |  |   |                          | FIL<br>03 MAR IC  | E9  |                               |   |  |
| 11077 NW 36TH AVENUE C<br>MIAMI FL 33167 S<br>H  |   | Mailing Address<br>ONE RIVERWAY<br>STE 500<br>HOUSTON TX 77056<br>US | ONE ŘÍVERWAY<br>STE 500<br>HOUSTON TX 77056 |                          | <del> </del><br> <br>                                     | SECRETARY OF STATE TALLAHASSEE, FLEARDA           |                               |   |  |
| 2. Principal   | Place of Business   | 3. Mailing Address   | ailing Address                              |                          |   | <u>                                      </u>     |                               | <b>                                      </b> |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  | Suite, Apt. #, etc.                         |                          |   | CHECK HERE IF MAKING CHANGES                      |                               |   |  |
| City & Sta   |   | City & State   |   | 4. FEI Nu                | imber 65-0619752  |   | Applied For<br>Not Applicable |   |  |
| Zip  |   |  | Coun  | itry                     |   | cate of Status Desired                            | Fee R                         | 75 Additional<br>Required                     |  |
|  | 6. Name and Address of Current  | Registered Agent   |   |                          | 7. Name   | and Address of New Ro                             | egistered Agent               |   |  |
| COROPATION SERVICE COMAPANY<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301  |   |  |   | Name<br>Street Address   | Name . Street Address (P.O. Box Number is Not Acceptable) |   |                               |   |  |
| SIGNATURE  | Signature, typed or printed name of registered agent a                        |  |   | City ed office or regist |   |   |                               | p Code<br>r with, and accept                  |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State |   |  |   |                          |   | Election Campaign Fina<br>Trust Fund Contribution | n.                            | \$5.00 May Be<br>Added to Fees                |  |
| 10.  | OFFICERS AND  | DIRECTORS  | 11.   |                          | ADDITION  | NS/CHANGES TO OFFIC                               | CERS AND DIREC                | CTORS IN 11                                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VDS<br>LONGO, ROBERT E<br>ONE RIVERWAY, SUITE 600<br>HOUSTON TX 77056-1903    | ☐ Delete   |   |                          |   |   | ☐ Ch                          |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | D<br>BELL, LINDA<br>ONE RIVERWAY STE 500<br>HOUSTON TX 77056                  | ☐ Delete   |   |                          |   |   | ☐ Cha                         | ange 🔲 Addition                               |  |
| CITY-ST-ZIP  | AS<br>ROSECRANS, SHAYNE A<br>ONE RIVERWAY, SUITE 600<br>HOUSTON TX 77056-1903 | ☐ Delete   | TITLE NAME STREET CITY-S                    | T ADDRESS                |   |   | ☐ Cha                         | ange Addition                                 |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DT<br>YOUNG, DAVID<br>ONE RIVERWAY, STE 500<br>HOUSTON TX 77056-1921          | ☐ Delete   | TITLE<br>NAME<br>STREET<br>CITY-S           | T ADDRESS                |   |   | ☐ Cha                         | ange Addition                                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | □ Delete   | TITLE<br>NAME<br>STREET<br>CITY-S           | T ADDRESS                |   |   | ☐ Cha                         | ange Addition                                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete   | TITLE NAME STREET CITY-S                    | T ADDRESS                | 40  | 0001372   | SS Chai                       | inge Addition                                 |  |

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 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:

CR2E034 (10/02)



Pagerofi

| ACCOUNT | NO   |   | 072100000032 |
|---------|------|---|--------------|
| TOCOUNT | 140. | • | 0/2100000032 |

REFERENCE : 958030

AUTHORIZATION :

COST LIMIT :

ORDER DATE: March 7, 2003

ORDER TIME : 11:51 AM

ORDER NO. : 958030-195

CUSTOMER NO: 7111512

CUSTOMER: Kim Steiger

Coach Usa Suite 500 One Riverway

Houston, TX 770561903

ANNUAL REPORT FILING

NAME:

TRANSPORTATION CONTRACTORS,

INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan-EXT#1155

EXAMINER'S INITIALS: