

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 855148

**Entity Name:** OLD DOMINION FREIGHT LINE, INC.

**Current Principal Place of Business:**

500 OLD DOMINION WAY  
THOMASVILLE, NC 27360

**Current Mailing Address:**

500 OLD DOMINION WAY  
THOMASVILLE, NC 27360

**FEI Number: 56-0751714**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           SECT  
Name           PARR, ROSS  
Address        500 OLD DOMINION WAY  
City-State-Zip: THOMASVILLE NC 27360

Title           CFO  
Name           SATTERFIELD, ADAM  
Address        500 OLD DOMINION WAY  
City-State-Zip: THOMASVILLE NC 27360

Title           CHR  
Name           CONGDON, EARL E  
Address        500 OLD DOMINION WAY  
City-State-Zip: THOMASVILLE NC 27360

Title           PRES  
Name           CONGDON, DAVID S  
Address        500 OLD DOMINION WAY  
City-State-Zip: THOMASVILLE NC 27360

Title           DIR  
Name           CONGDON JR, JOHN  
Address        500 OLD DOMINION WAY  
City-State-Zip: THOMASVILLE NC 27360

Title           VPC  
Name           BOOKER, JOHN P  
Address        500 OLD DOMINION WAY  
City-State-Zip: THOMASVILLE NC 27360

Title           VP, ACCOUNTING & FINANCE  
Name           MAREADY, KIM S  
Address        500 OLD DOMINION WAY  
City-State-Zip: THOMASVILLE NC 27360

Title           TREASURER  
Name           STEPHENS, ALAN  
Address        500 OLD DOMINION WAY  
City-State-Zip: THOMASVILLE NC 27360

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KIM S MAREADY**

**VP**

**02/03/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date