

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006364

Entity Name: CON-WAY MULTIMODAL INC.**Current Principal Place of Business:**2211 OLD EARHART ROAD
ANN ARBOR, MI 48105**Current Mailing Address:**2211 OLD EARHART ROAD
ANN ARBOR, MI 48105**FEI Number: 93-1304528****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 SD
Name KRULL, STEPHEN K
Address 2211 OLD EARHART ROAD
City-State-Zip: ANN ARBOR MI 48105

Title PRESIDNET
Name BARNES, THOMAS C
Address 2211 OLD EARHART ROAD
City-State-Zip: ANN ARBOR MI 48105

Title DIRECTOR
Name MORRIS, MICHAEL J.
Address 2211 OLD EARHART ROAD
City-State-Zip: ANN ARBOR MI 48105

Title CHAIRMAN
Name STOTLAR, DOUGLAS W
Address 2211 OLD EARHART ROAD
City-State-Zip: ANN ARBOR MI 48105

Title DIRECTOR
Name AHMAD, UZMA
Address 2211 OLD EARHART ROAD
City-State-Zip: ANN ARBOR MI 48105

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: STEPHEN K. KRULL**SECRETARY****05/15/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date