

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005074

Entity Name: KEYSTONE FREIGHT CORP.

FILED  
Jan 17, 2008  
Secretary of State

**Current Principal Place of Business:**

2820 16TH STREET  
NORTH BERGEN, NJ 07047

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2697  
SECAUCUS, NJ 07096

**New Mailing Address:**

FEI Number: 23-2248967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'BRIEN, THERESA C  
20244 MELVILLE ST.  
ORLANDO, FL 32833 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WISNIEWSKI, RAYMOND  
Address: 2820-16TH ST  
City-St-Zip: NORTH BERGEN, NJ 07047

Title: S ( ) Delete  
Name: WALSH, FRANCIS III  
Address: 2820-16TH ST  
City-St-Zip: NORTH BERGEN, NJ 07047

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL K. HENNESSY

CFO

01/17/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date