

2001 UNIFORM BUSINESS REPORT (UBR)

5/6

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-05-2001 90828 011 ***150.00

DOCUMENT # F94000005074

1. Entity Name

KEYSTONE FREIGHT CORP.



Principal Place of Business 233 MEADOWLAND PKWY- SECAUGUS NJ 07094- 2820 16th St. North Bergen, N.J. 07047	Mailing Address 333 MEADOWLAND PKWY. SECAUGUS NJ 07094 2820 16th St. North Bergen, N.J. 07047
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	23-2248967	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDC <input checked="" type="checkbox"/> Delete	TITLE	Francis Walsh Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALSH, NORBERT J	NAME	12 Chestnut Ridge Rd
STREET ADDRESS	42 WOODCLIFF LAKE RD.	STREET ADDRESS	Saddle River, N.J. 07458
CITY-ST-ZIP	SADDLE RIVER NJ 07458	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISNIEWSKI, RAYMOND	NAME	WISNIEWSKI, RAYMOND
STREET ADDRESS	36 WOODHOLLOW LANE	STREET ADDRESS	36, WoodHollow Lane
CITY-ST-ZIP	RIDGEWOOD NJ 07450	CITY-ST-ZIP	RidgeWood, NJ 07450
TITLE	<input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Francis Walsh III
STREET ADDRESS		STREET ADDRESS	103 East Saddle River Road
CITY-ST-ZIP		CITY-ST-ZIP	Saddle River, N.J. 07458
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE034 (10/00)