


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90019 026 ***150.00

DOCUMENT # P20865
 1. Entity Name
SAIA MOTOR FREIGHT LINE, INC.



20018851



03072006 Chg-P CR2E034 (11/05)

Principal Place of Business 104 WOODLAWN RANCH RD HOUMA, LA 70363 US		Mailing Address PO BOX A STATION 1 HOUMA, LA 70363 US	
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 72-0524060	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 CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324	7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'DELL, RICHARD <input type="checkbox"/> Delete 104 WOODLAWN RANCH ROAD HOUMA, LA 70363	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'Dell, Richard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11465 Johns Creek Pkwy Suite 400 Duluth, GA 30097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEGENHEIMER, RUEBEN J <input type="checkbox"/> Delete 104 WOODLAWN RANCH ROAD HOUMA, LA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gegenheimer, Rueben J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11465 Johns Creek Pkwy Suite 400 Duluth, GA 30097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DARBY, JIM <input type="checkbox"/> Delete 104 WOODLAWN RANCH ROAD HOUMA, LA 70363	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Darby, Jim <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11465 Johns Creek Pkwy Suite 400 Duluth, GA 30097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James A. Darby **JAMES A. DARBY** 3/15/06 (770)234-4041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #