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(9/01)

CR2E034

2002 Uniform Business Report (UBR)

Apr 01, 2002 8:00 am Secretary of State DOCUMENT # P20865 1. Entity Name -01-2002 90024 016 ***150 00 SAIA MOTOR FREIGHT LINE, INC. Principal Place of Business Mailing Address 104 WOODLAWN RANCH RD PO BOX A STATION 1 HOUMA LA 70363 HOUMA LA 70363 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 72-0524060 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. **PLANTATION FL 33324** Zip Code 8.7 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE ☐ Delete TITLE Change NAME O'DELL, RICHARD NAME STREET ADDRESS STREET ADDRESS 104 WOODLAWN RANCH ROAD CITY-ST-ZIP CITY-ST-Z1P **HOUMA LA 70363** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME GEGENHEIMER, RUEBEN J STREET ADDRESS STREET ADDRESS 104 WOODLAWN RANCH ROAD CITY-ST-ZIP CITY-ST-ZIP HOUMA LA Change ☐ Addition TITLE ☐ Delete TITLE **VP** NAME DARBY, JIM NAME STREET ADDRESS STREET ADDRESS 104 WOODLAWN RANCH ROAD CITY-ST-ZIP CITY-ST-ZIP HOUMA LA 70363 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZLP 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

BEOWIE PRESIDENT-FINANCE & ADMINISTRATION