

1.) CORPORATION NAME:

**ABF FREIGHT SYSTEM, INC.**

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0590358**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3801 OLD GREENWOOD ROAD

CITY/ST/ZIP: FT SMITH, AR 72903

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROY M. SLAGLE	
TITLE:	PRES/CEO	
ADDRESS:	10801 BARRINGTON LANE	
CITY/ST/ZIP/CO:	FORT SMITH, AR 72908	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MURRAY G. BABB	
TITLE:	VICE PRESIDENT	
ADDRESS:	1338 WOODS ROAD	
CITY/ST/ZIP/CO:	HACKETT, AR 72937	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM DAVID EVANS	
TITLE:	VICE PRESIDENT	
ADDRESS:	3839 SPRING MOUNTAIN ROAD	
CITY/ST/ZIP/CO:	FORT SMITH, AR 72916	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GARY W. HUNT	
TITLE:	VICE PRESIDENT	
ADDRESS:	3901 S. 30TH STREET	
CITY/ST/ZIP/CO:	FORT SMITH, AR 72901	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES W. KEENAN	
TITLE:	VICE PRESIDENT	
ADDRESS:	6002 PARK VALLEY CIRCLE	
CITY/ST/ZIP/CO:	FORT SMITH, AR 72916	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GARY S. LIVELY	
TITLE:	VICE PRESIDENT	
ADDRESS:	3710 OLD OAKS LANE	
CITY/ST/ZIP/CO:	FORT SMITH, AR 72903	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL E. LOE VICE PRESIDENT 2200 S. 46TH STREET FORT SMITH, AR 72903	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIRK R. MAY VICE PRESIDENT 6700 RILEY PARK DRIVE FORT SMITH, AR 72916	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. LAVON MORTON ASSISTANT VP 10408 INNSBRUCK COURT FORT SMITH, AR 72908	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL R JOHNS SECRETARY 3 LAUREL GLEN FORT SMITH, AR 72903	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD L SPEARMAN ASST SECRETARY 10716 HUNTERS POINT ROAD FT SMITH, AR 72903	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY C HUNTER TREASURER 10305 QUEENSBURY WAY FORT SMITH, AR 72908	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL E. NEWCITY ASST TREASURER 7300 SOUTH U STREET FORT SMITH, AR 72903	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD W. PEARSON ASST TREASURER 6605 RILEY PARK DRIVE FORT SMITH, AR 72916	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID R. COBB ASST TREASURER 11946 CHURCHILL DOWNS SPRINGDALE, AR 72762	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK H. WARD CONTROLLER 72 SADDLEBACK MULDROW, OK 74948	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUDY R MCREYNOLDS DIRECTOR 10601 KINGSLEY COURT FORT SMITH, AR 72908	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	MATTHEW LETTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6607 HIGHLAND PARK DRIVE		
CITY/ST/ZIP/CO:	FORT SMITH, AR 72916		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ J. LAVON MORTON</u>	<u>J. LAVON MORTON, ASSISTANT</u>	<u>8/20/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VP PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.