

1.) CORPORATION NAME:

COLONIAL FREIGHT SYSTEMS, INC.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1001009**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

AL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10924 MCBRIDE LANE
PO BOX 22168

CITY/ST/ZIP: KNOXVILLE, TN 37933-0168

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.

NAME:	THOMAS W MCBRIDE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	PO BOX 22168		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37933-0168		

NAME:	LURA M. MCBRIDE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	PO BOX 22168		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37933-0168		

NAME:	PHYLLIS KEESEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 22168		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37933-0168		

NAME:	RICHARD HOLLOW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 22168		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37933-0168		

NAME:	ROBERT S MARQUIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 22168		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37933-0168		

NAME:	JANE MCBRIDE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 22168		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37933-0168		

NAME:	RUBY MCBRIDE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 22168		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37933-0168		

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/ THOMAS W MCBRIDE</u>	THOMAS W MCBRIDE, VICE	<u>5/28/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHAIRMAN 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.