

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214506302

1.) CORPORATION NAME:

Con-Way Truckload Inc.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1736687**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	15,000,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4701 E. 32ND STREET

CITY/ST/ZIP: JOPLIN, MO 64804

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:	RANDALL S CORNELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4701 E 32ND ST		
CITY/ST/ZIP/CO:	JOPLIN, MO 64804		

NAME:	SAUL GONZALEZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4701 E 32ND ST		
CITY/ST/ZIP/CO:	JOPLIN, MO 64804		

NAME:	H PETE MONTANO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4701 E 32ND ST		
CITY/ST/ZIP/CO:	JOPLIN, MO 64804		

NAME:	STEPHEN K KRULL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2211 OLD EARHART ROAD		
CITY/ST/ZIP/CO:	ANN ARBOR, MI 48105		

NAME:	Stephen K. Krull	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2211 Old Earhart Road		
CITY/ST/ZIP/CO:	Ann Arbor, MI 48105		

NAME:	Derek S. VanDomelen	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4701 E. 32nd Street		
CITY/ST/ZIP/CO:	Joplin, MO 64804		

NAME: Uzma Ahmad TITLE: DIRECTOR ADDRESS: 2211 Old Earhart Road CITY/ST/ZIP/CO: Ann Arbor, MI 48105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Michael J. Morris TITLE: DIRECTOR ADDRESS: 2211 Old Earhart Road CITY/ST/ZIP/CO: Ann Arbor, MI 48105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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.

/s/ Stephen K.Krull	Stephen K.Krull,	1/30/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.