

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215523396

1.) CORPORATION NAME:

Hittman Transport Services, Inc.

DUE DATE: **6/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F1793100**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 299 South Main Street
Suite 1700

CITY/ST/ZIP: SALT LAKE CITY, UT 84111

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:	DAVID LOCKWOCK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	423 WEST 300 SOUTH SUITE 200		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84101		

NAME:	DAVID NILSSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	423 W 300 SOUTH STE 200		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84101		

NAME:	GREGORY S WOOD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	423 WEST 300 SOUTH SUITE 200		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84101		

NAME:	DAMON F ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	423 WEST 300 SOUTH SUITE 200		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84104-0001		

NAME:	HEIDI NAKAISHI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	423 W 300 S		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84101		

NAME:	RUSSELL WORKMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	423 WEST 300 SOUTH		
	SUITE 200		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84101		

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/ DAMON F ANDERSON</u>	<u>DAMON F ANDERSON, ASST</u>	<u>6/18/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.