



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 67367		2. Exact name of the Corporation NEW PENN MOTOR EXPRESS, INC.			
3. Principal office address 10990 ROE AVE			City OVERLAND PARK	State KS	Zip 66211-1213
4. Business Phone No. 913-344-3000		5. State of Incorporation PENNSYLVANIA			
6. Brief description of the character of business conducted in Rhode Island COMMON CARRIER OF GENERAL FREIGHT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name STEVEN D. GAST			Vice-President Name TERRY L. GERROND		
Street Address 10990 ROE AVE., ATTN: TAX DEPT			Street Address 10990 ROE AVE., ATTN: TAX DEPT		
City OVERLAND PARK	State KS	Zip 66211-1213	City OVERLAND PARK	State KS	Zip 66211-1213
Secretary Name JEFF P. BENNETT			Treasurer Name		
Street Address 10990 ROE AVE., ATTN: TAX DEPT			Street Address		
City OVERLAND PARK	State KS	Zip 66211-1213	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JEFF P. BENNETT			Director Name STEVEN D. GAST		
Street Address 10990 ROE AVE., ATTN: TAX DEPT			Street Address 10990 ROE AVE., ATTN: TAX DEPT		
City OVERLAND PARK	State KS	Zip 66211-1213	City OVERLAND PARK	State KS	Zip 66211-1213
Director Name PAUL F. LILJEGREN			Director Name		
Street Address 10990 ROE AVE			Street Address		
City OVERLAND PARK	State KS	Zip 66211-1213	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			7	COMMON	\$1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date **FEB 13 2012**
 Check No _____
 By: **201225793**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Terry L. Gerrond
 Signature of Authorized Representative Date
TERRY L. GERROND
 Print or Type Name of Authorized Representative