



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 158772		2. Name of Corporation Trans-porte, Inc.			
3. Street Address Principal Business Office 9399 West Higgins Road, Suite 500			City Rosemont	State IL	Zip 60018-6600
4. Business Phone No. 410-312-7100		5. State of Incorporation Delaware			
6. Brief Description of the Character of Business Conducted in Rhode Island FREIGHT BROKERAGE FOR HIRE CARRIER					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name (Assistant Secretary) Robert Aiken, Jr.			Vice President Name (Executive Vice President & Secretary) David B. Eberhardt		
Street Address 9399 West Higgins Road, Suite 500			Street Address 9755 Patuxent Woods Drive		
City Rosemont	State IL	Zip 60018-6600	City Columbia	State MD	Zip 21046-2286
Secretary Name Juliette W. Pryor (Assistant Secretary)			Treasurer Name (Assistant Treasurer) Robert Aiken, Jr.		
Street Address 9755 Patuxent Woods Drive			Street Address 9399 West Higgins Road, Suite 500		
City Columbia	State MD	Zip 21046-2286	City Rosemont	State IL	Zip 60018-6600
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert Aiken, Jr.			Director Name David B. Eberhardt		
Street Address 9399 West Higgins Road, Suite 500			Street Address 9755 Patuxent Woods Drive		
City Rosemont	State IL	Zip 60018-6600	City Columbia	State MD	Zip 21046-2286
Director Name Allan Swanson			Director Name		
Street Address 9399 West Higgins Road, Suite 500			Street Address		
City Rosemont	State IL	Zip 60018-6600	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 shares	Common	\$0.00	10 shares	Common	\$0.00
			THIS SECTION MUST BE COMPLETED		

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
Check No. FEB 19 2008
By: DS-9032909
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.

Signature: Juliette W. Pryor
Date: 1/29/08
Print or Type Name: Assistant Secretary
Title