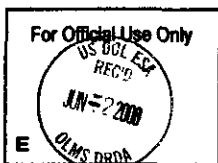


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C-613

### Person Filing

#### 2. Name and mailing address (include ZIP Code):

Name Reginald E Hockenberry

Title Principal

Organization HR Connect

P.O. Box, Bldg., Room No., if any

Street 33 Belvidere Street

City Nazareth

State Pennsylvania

ZIP Code + 4 18064

#### 3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

#### 4. Date fiscal year ends:

Dec / 31

#### 5. Type of person:

a. ☒ Individual b. ☐ Partnership c. ☐ Corporation d. ☐ Other (Specify):

### Nature of Agreement or Arrangement

#### 6. Full name and address of employer with whom made (include ZIP Code):

Name Ed A Leo

Organization CP Logistics

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 8990 Newport Gap Pike

City Avondale

State Pennsylvania

ZIP Code + 4 19311

#### 7. Date entered into:

5 / 23 / 2008

#### 8. Name of person(s) through whom made:

Name Ed A Leo

Name

Name

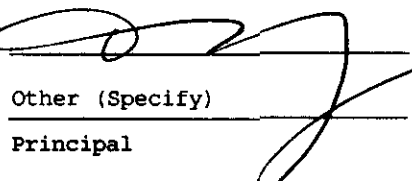
Name

Name

### Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed



President  
(If other title, see  
instructions)

Title Other (Specify)

Principal

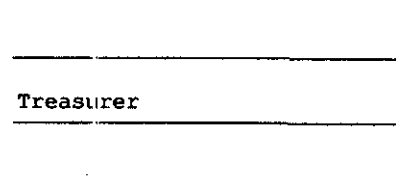
On May 23, 2008

Date

(610) 759-8661

Telephone Number

14. Signed



Treasurer  
(If other title, see  
instructions)

Title Treasurer

On

Date

Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

To assist with an organizational campaign and to provide Human Resources expertise with regards to organizational structure and performance management

#### Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

11.b. Period during which performed:

05/23/2008 until completion

11.c. Extent performed:

11.d. Name and address through whom performed:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

Regular Full-time and Part time Drivers

12.b. Identify subject labor organizations:

Teamsters Local 312 Chester, Pa.