

Form **5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only  
OMB Nos. 1210-0110  
1210-0089

**2008**

This Form is Open to Public Inspection.

**Part I Annual Report Identification Information**

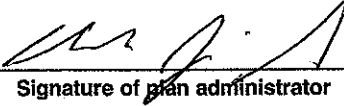
For the calendar plan year 2008 or fiscal plan year beginning \_\_\_\_\_, and ending \_\_\_\_\_,


- A** This return/report is for: (1)  a multiemployer plan; (3)  a multiple-employer plan; or  
 (2)  a single-employer plan (other than a multiple-employer plan); (4)  a DFE (specify) \_\_\_\_\_
- B** This return/report is: (1)  the first return/report filed for the plan; (3)  the final return/report filed for the plan;  
 (2)  an amended return/report; (4)  a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions).

**Part II Basic Plan Information** — enter all requested information.

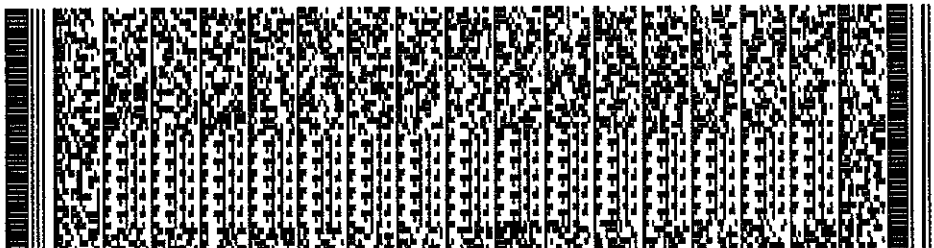
<b>1a</b> Name of plan RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF CEVA LOGISTICS U.S., INC.	<b>1b</b> Three-digit plan number (PN) ▶ 001
	<b>1c</b> Effective date of plan (mo., day, yr.) 01/01/1984
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CEVA LOGISTICS U.S., INC  10751 DEERWOOD PARK BLVD., STE200  JACKSONVILLE FL 32256-0532	<b>2b</b> Employer Identification Number (EIN) 23-2142673
	<b>2c</b> Sponsor's telephone number 904-928-1400
	<b>2d</b> Business code (see instructions) 484200

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**  
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

 10/15/09 DAVID J. SILER - COMMITTEE MEMBER  
 Signature of plan administrator Date Type or print name of individual signing as plan administrator

 \_\_\_\_\_  
 Signature of employer/plan sponsor/DFE Date Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Form 5500 (2008)



3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

THE COMMITTEE OF THE RETIREMENT  
PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.  
10751 DEERWOOD PARK BLVD., STE200

JACKSONVILLE

FL

32256-0532

3b Administrator's EIN

23-2142673

3c Administrator's telephone number

904-928-1400

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

a Sponsor's name

b EIN

c PN

5 Preparer information (optional)

a Name (including firm name, if applicable) and address

b EIN

c Telephone number

6 Total number of participants at the beginning of the plan year	6	558
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
a Active participants	7a	145
b Retired or separated participants receiving benefits	7b	42
c Other retired or separated participants entitled to future benefits	7c	364
d Subtotal. Add lines 7a, 7b, and 7c	7d	551
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	7e	4
f Total. Add lines 7d and 7e	7f	555
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	7g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	7h	0
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	7i	16

8 Benefits provided under the plan (complete 8a and 8b, as applicable)

- a  Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): 1A 1G [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
- b  Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

9a Plan funding arrangement (check all that apply)

- (1)  Insurance
- (2)  Code section 412(e)(3) insurance contracts
- (3)  Trust
- (4)  General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1)  Insurance
- (2)  Code section 412(e)(3) insurance contracts
- (3)  Trust
- (4)  General assets of the sponsor



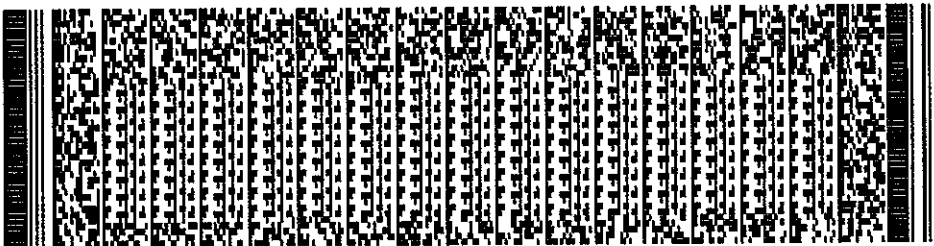
**10** Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

**a Pension Benefit Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **B** (Actuarial Information)
- (3)  **E** (ESOP Annual Information)
- (4)  **SSA** (Separated Vested Participant Information)

**b Financial Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information -- Small Plan)
- (3)  **A** (Insurance Information)
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)



0 2 0 8 6 0 0 3 0 J

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ Attach to Form 5500 or 5500-EZ if applicable. (See instructions.)

Official Use Only

OMB No. 1210-0110

**2008**

This Form is Open to  
Public Inspection.

For calendar plan year 2008 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan RP FOR CERTAIN EES OF CEVA LOGISTICS U.S., INC.		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ CEVA LOGISTICS U.S., INC.		<b>D</b> Employer Identification Number (EIN) 23-2142673	
<b>E</b> Type of plan:	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Multiple-A	<input type="checkbox"/> Multiple-B
<b>F</b> Prior year plan size:	<input type="checkbox"/> 100 or fewer	<input type="checkbox"/> 101-500	<input checked="" type="checkbox"/> More than 500

**Part I Basic Information**

**1** Enter the valuation date: Month 01 Day 01 Year 2008

<b>2</b> Assets:		
<b>a</b> Market value	<b>2a</b>	13788649
<b>b</b> Actuarial value	<b>2b</b>	13897081
<b>3</b> Funding target/participant count breakdown		
	(1) Number of participants	(2) Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment	<b>3a</b>	38
<b>b</b> For terminated vested participants	<b>3b</b>	358
<b>c</b> For active participants:		
(1) Non-vested benefits	<b>3c(1)</b>	261698
(2) Vested benefits	<b>3c(2)</b>	5541752
(3) Total active	<b>3c(3)</b>	162
<b>d</b> Total	<b>3d</b>	558
<b>4</b> If the plan is in at-risk status, check the box and complete lines 4a and 4b	<input type="checkbox"/>	
<b>a</b> Funding target disregarding prescribed at-risk assumptions	<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	<b>4b</b>	
<b>5</b> Effective interest rate	<b>5</b>	5.96 %
<b>6</b> Target normal cost	<b>6</b>	0

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN HERE** *Erik M. Goodhart*  
 \_\_\_\_\_  
 ERIK M. GOODHART  
 \_\_\_\_\_  
 HEWITT ASSOCIATES LLC  
 \_\_\_\_\_  
 3130 FAIRVIEW PARK DRIVE, SUITE 300  
 FALLS CHURCH VA 22042  
 \_\_\_\_\_  
 Address of the firm

*9/28/2009*  
 \_\_\_\_\_  
 Date  
 08-06990  
 \_\_\_\_\_  
 Most recent enrollment number  
 571-226-2400  
 \_\_\_\_\_  
 Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions.

**Part II Beginning of year carryover and prefunding balances (See instructions.)**

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) . . . . .	N/A	N/A
8 Portion used to offset prior year's funding requirement (line 35 from prior year)	N/A	N/A
9 Amount remaining (line 7 minus line 8) . . . . .	2447310	N/A
10 Interest on line 9 using prior year's actual return of N/A % . . . . .	N/A	N/A
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (line 38 from prior year) . . . . .		N/A
b Interest on line 11a using prior year's effective rate of N/A % . . . . .		N/A
c Total available at beginning of current plan year to add to prefunding balance . . . . .		N/A
d Portion of line 11c to be added to prefunding balance . . . . .		N/A
12 Reduction in balances due to elections or deemed elections . . . . .	0	N/A
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) . . . . .	2447310	N/A

**Part III Funding percentages**

14 Funding target attainment percentage . . . . .	14	76.07 %
15 Adjusted funding target attainment percentage . . . . .	15	92.33 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to offset current year's funding requirement . . . . .	16	76.90 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage . . . . .	17	%

**Part IV Contributions and liquidity shortfalls**

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>
					0

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years . . . . .	19a	
b Contributions made to avoid benefit restrictions adjusted to valuation date . . . . .	19b	
c Contributions allocated toward minimum required contribution for current year, adjusted to valuation date . . . . .	19c	0

20 Quarterly contributions and liquidity shortfall(s):

a Did the plan have a "funding shortfall" for the prior year? . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	

**Part V Assumptions used to determine funding target and target normal cost**

21 Discount rate:				1st segment:		2nd segment:		3rd segment:		<input type="checkbox"/> N/A, full yield curve used	
a Segment rates:				5.66 %		5.85 %		6.03 %			
b Applicable month (enter code) .....									21b		4
22 Weighted average retirement age .....									22		62
23 Mortality table(s) (see instructions)			<input type="checkbox"/> Prescribed -- combined			<input checked="" type="checkbox"/> Prescribed -- separate			<input type="checkbox"/> Substitute		

**Part VI Miscellaneous items**

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment .....				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No						
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No						
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. . .				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No						
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachments .....									27		

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

28 Unpaid minimum required contribution for all prior years .....									28		
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....									29		
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....									30		0

**Part VIII Minimum required contribution for current year**

31 Target normal cost, adjusted, if applicable (see instructions) .....									31		0	
32 Amortization installments:									Outstanding Balance		Installment	
a Net shortfall amortization installment .....									0		0	
b Waiver amortization installment .....												
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount. ....									33			
34 Total funding requirement before reflecting carryover/prefunding balances (line 31 + line 32a + line 32b - line 33) .....									34		0	
									Carryover balance		Prefunding balance	Total balance
35 Balances used to offset funding requirement. . .									0		0	0
36 Additional cash requirement (line 34 minus line 35) .....									36		0	
37 Contributions allocated toward minimum required contribution for current year, adjusted to valuation date (line 19c) .....									37		0	
38 Interest-adjusted excess contributions for current year (see instructions) .....									38		0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....									39		0	
40 Unpaid minimum required contribution for all years .....									40		0	