

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 815835 (4)**  
 1. Corporation Name  
**THYSSEN HANIEL LOGISTICS, INC.**



Principal Place of Business 8010 ROSWELL ROAD SUITE 300 ATLANTA GA 30350 US	Mailing Address 8010 ROSWELL ROAD SUITE 300 ATLANTA GA 30350 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1961	
21	22	25	26	4. FEI Number 13-5543269	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	27	28	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		

**9. Name and Address of Current Registered Agent**

NELMS, PAT  
 4439 NW97TH AVENUE  
 MIAMI FL 33122

**10. Name and Address of New Registered Agent**

81 Name *Spencer Strader*  
 82 Street Address (P.O. Box Number is Not Acceptable)  
*4439 N.W. 97th Avenue*  
 83  
 84 City *Miami* FL 85 Zip Code *33178*

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Spencer Strader* DATE *JAN 9TH, 1998*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LANDSEIDEL, PETER	
STREET ADDRESS	8010 ROSWELL RD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	ZEITLER, ALBERT	
STREET ADDRESS	8010 ROSWELL RD	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	Resident	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gary Eisesser	
1.3 STREET ADDRESS	8010 Roswell Road #300	
1.4 CITY-ST-ZIP	Atlanta GA 30350	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

**SIGNATURE: SIGNATURE REQUIRED**

*1-16-98*

CR2E094 (10/97)