


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000003848

1. Entity Name
SCHENKER LOGISTICS, INC.



Principal Place of Business
**801 WAREHOUSE STREET
 GREENSBORO, NC 27420**

Mailing Address
**801 WAREHOUSE STREET
 GREENSBORO, NC 27420**



04112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-0501074

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHAEFER, FRITHJOF 150 ALBANY AVENUE FREEPORT, NY 11520
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD MURMANN, HEINER 150 ALBANY AVENUE FREEPORT, NY 11520
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WATSON, GRAEME 801 WAREHOUSE STREET GREENSBORO, NC 27420
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LYNCH, BRIAN 120 WHITE PLAINS ROAD TARRYTOWN, NY 10591
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS DAWSON, JUDITH 801 WAREHOUSE STREET GREENSBORO, NC 27420
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 06/03/08-80052-007 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Judith M Dawson* **JUDITH M DAWSON, Treas.** 4/21/08 (336) 273-3465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #