

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90267 004 ***150.00

DOCUMENT # F96000005464
 1. Entity Name
APL BUSINESS LOGISTICS SERVICES, LTD. (INC.)



Principal Place of Business Mailing Address
1111 BROADWAY **1111 BROADWAY**
OAKLAND, CA 94607 **OAKLAND, CA 94607**

94076397



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04202004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
94-3200434 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P / DIRECTOR <input type="checkbox"/> Delete
NAME	HICKLER, HANS M
STREET ADDRESS	1111 BROADWAY
CITY-ST-ZIP	OAKLAND, CA 94607
TITLE	AS <input type="checkbox"/> Delete
NAME	WINDLE, TIMOTHY J
STREET ADDRESS	1111 BROADWAY
CITY-ST-ZIP	OAKLAND, CA 94607
TITLE	S / DIRECTOR <input type="checkbox"/> Delete
NAME	HASSE, ANN F
STREET ADDRESS	1111 BROADWAY
CITY-ST-ZIP	OAKLAND, CA
TITLE	AT <input type="checkbox"/> Delete
NAME	CANNON, DOUGLAS
STREET ADDRESS	1111 BROADWAY
CITY-ST-ZIP	OAKLAND, CA 94607
TITLE	CT <input type="checkbox"/> Delete
NAME	WEST, NEAL E
STREET ADDRESS	1111 BROADWAY
CITY-ST-ZIP	OAKLAND, CA 94607
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	BRYAR, WILLIAM
STREET ADDRESS	1111 BROADWAY
CITY-ST-ZIP	OAKLAND, CA 94607

TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIS PAUL WOOLLEY
STREET ADDRESS	1111 BROADWAY
CITY-ST-ZIP	OAKLAND, CA 94607
TITLE	VICE PRESIDENT / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM VILLALON
STREET ADDRESS	1111 BROADWAY
CITY-ST-ZIP	OAKLAND, CA 94607
TITLE	CEO / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLYNIS BRYAN
STREET ADDRESS	1111 BROADWAY
CITY-ST-ZIP	OAKLAND, CA 94607

12. 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 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:  **DOUGLAS CANNON** **4/26/04** **510-272-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #