

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90027 050 ***150.00

DOCUMENT # F96000006337

1. Entity Name
POLAR AIR CARGO, INC.

Principal Place of Business 100 OCEANGATE, 15TH FLOOR LONG BEACH CA 90802	Mailing Address 100 OCEANGATE, 15TH FLOOR LONG BEACH CA 90802
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **33-0420245**

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD VALERIO, LOUIS 100 OCEANGATE, 15TH FLOOR LONG BEACH CA 90802	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO BELL, MICHAEL S 100 OCEANGATE, 15TH FLOOR LONG BEACH, CA 90802	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV EICHENLAUB, ALFRED J 100 OCEANGATE, 15TH FLOOR LONG BEACH CA 90802	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFOD BELL, MICHAEL S. 100 OCEANGATE, 9TH FLOOR LONG BEACH, CA 90802	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD DULL, ERIC M. 100 OCEANGATE, 14TH FLOOR LONG BEACH, CA 90802	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTI, EDWIN 107 RAMBLING BROOK RD. CHAPPAQUA, NY 10514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LANE, RON 100 OCEANGATE, 15TH FLOOR LONG BEACH, CA 90802	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POST, STEPHEN E. 201 HIGH RIDGE RD. STAMFORD, CT 06297	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	< PLEASE SEE ATTACHED SHEET FOR FURTHER ADDITIONS. >	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alfred J Eichenlaub **Alfred J Eichenlaub** 10 April 01 562 528 7241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment

2001 FLORIDA UNIFORM BUSINESS REPORT (UBR)
ADDENDUM

831401

#F96000006337

12. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN F.

TITLE: CIO CHANGE
NAME: IRA GERSHKOFF ADDITION
STREET ADDRESS: 100 OCEANGATE, 9TH FLOOR
CITY / STATE / ZIP: LONG BEACH, CA 90802

~~TITLE: V CHANGE~~
~~NAME: PETER HANSEN ADDITION~~
~~STREET ADDRESS: ROOM 302-3/F, SOUTH OFFICE BLOCK,~~
~~SUPER TERMINAL 1~~
~~CITY / STATE / ZIP: HONG KONG INTERNATIONAL AIRPORT~~
~~LANTAU, HONG KONG~~

TITLE: V CHANGE
NAME: IAN JACKSON ADDITION
STREET ADDRESS: 100 OCEANGATE, 15TH FLOOR
CITY / STATE / ZIP: LONG BEACH, CA 90802

TITLE: V CHANGE
NAME: TOM KOCH ADDITION
STREET ADDRESS: 100 OCEANGATE, 7TH FLOOR
CITY / STATE / ZIP: LONG BEACH, CA 90802

~~TITLE: V CHANGE~~
~~NAME: KEVIN MONTGOMERY ADDITION~~
~~STREET ADDRESS: 100 OCEANGATE, 9TH FLOOR~~
~~CITY / STATE / ZIP: LONG BEACH, CA 90802~~

TITLE: V CHANGE
NAME: GARY RUNYON ADDITION
STREET ADDRESS: 100 OCEANGATE, 15TH FLOOR
CITY / STATE / ZIP: LONG BEACH, CA 90802

TITLE: V CHANGE
NAME: RICHARD SCHOLL ADDITION
STREET ADDRESS: 100 OCEANGATE, 15TH FLOOR
CITY / STATE / ZIP: LONG BEACH, CA 90802

Attachment

831401

#F96000006337

12. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11:
(CONT'D.)

TITLE:	V	CHANGE	<input type="checkbox"/>
NAME:	LYNN STAUFFER	ADDITION	<input checked="" type="checkbox"/>
STREET ADDRESS:	100 OCEANGATE, 15 TH FLOOR		
CITY / STATE / ZIP:	LONG BEACH, CA 90802		

TITLE:	V	CHANGE	<input type="checkbox"/>
NAME:	LEE STEELE	ADDITION	<input checked="" type="checkbox"/>
STREET ADDRESS:	100 OCEANGATE, 15 TH FLOOR		
CITY / STATE / ZIP:	LONG BEACH, CA 90802		