


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

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90044 034 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J08698**

1. Corporation Name  
**NAVTRANS CONTAINER LINES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5001 US HWY 30 W P O BOX 988 FT WAYNE IN 46801-0988 US	Mailing Address 5001 US HWY 30 W P O BOX 988 FT WAYNE IN 46801-0988 US
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3. Date Incorporated or Qualified <b>04/10/1986</b>	
4. FEI Number <b>35-1674670</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	UBER, BARRY R	
STREET ADDRESS	5001 US HIGHWAY 30 WEST	
CITY-ST-ZIP	FT WAYNE IN 46818	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNS, GERALD A.	
STREET ADDRESS	5001 US HWY 30 W	
CITY-ST-ZIP	FT WAYNE IN	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MILEWSKI, RONALD, L	
STREET ADDRESS	5001 US HWY 30 W	
CITY-ST-ZIP	FT WAYNE IN	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	NICOLSON, IAN M	
STREET ADDRESS	5001 US HWY 30 W	
CITY-ST-ZIP	FT WAYNE IN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PARSHLEY, FREDERICK J.	
STREET ADDRESS	5001 US HWY 30 W.	
CITY-ST-ZIP	FT. WAYNE IN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WITMER, MARK	
STREET ADDRESS	5001 US HIGHWAY 30 WEST	
CITY-ST-ZIP	FT WAYNE IN 46818	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T MILEWSKI, RONALD L
3.3 STREET ADDRESS	5001 US HIGHWAY 30 WEST
3.4 CITY-ST-ZIP	FORT WAYNE IN 46818
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EVP GUNKEL, MICHAEL J
4.3 STREET ADDRESS	5001 US HIGHWAY 30 WEST
4.4 CITY-ST-ZIP	FORT WAYNE IN 46818
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 on an attachment with an address, with all other like empowered.

SIGNATURE: MARK MILLER (219) 429-3797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)

545516-90044-34  
J08698

Navtrans Container Lines, Inc.  
FEI Number: 35-1674670  
Florida Annual Report

Additional Officer:

Title: Assistant Treasurer  
Name: Mark Miller  
Street Address: 5001 US Highway 30 West  
Fort Wayne IN 46818

Additional Director:

Jeffrey Kaczka  
5001 US Highway 30 West  
Fort Wayne IN 46818

