## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # L10687  1. Entity Name APL LOGISTICS PROPERTIES, INC.					04-30-2004 90379 046 ***150.00				
Principal Place of Business		Mailing Address							
1301 RIVERPLACE BLVD 1200		TAX DEPT 1111 BROADWAY							
JACKSONVILLE, FL 32207 US		OAKLAND, CA 94607 US			) 		 		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202004	Chg-P	CR2E034 (10/0	)3)	
City & State		City & State			4. FEI Number 59-2966	786		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate o	f Status Desired	□ \$8.75 Fee Req	Additional uired	
	6. Name and Address of Current I	Registered Agent	*		7. Name and A	ddress of New R	egistered Agent		
THE PRENTICE-HALL CORPORATION SYSTEM, INC.			Name						
1201 HAYES ST. STE. 105			Street A	Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE, FL 32301									
			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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECT	ORS IN 11	
TITLE	CEO / DIRECTOR HICKLER, HANS	☐ Delete	TITLE	1			Char	ge 🔲 Addition	
NAME STREET ADDRESS	1111 BROADWAY		NAME STREET ADDRESS					:	
CITY-ST-ZIP	OAKLAND, CA 94607		CITY-ST-ZIP		<del></del>				
TITLE NAME	T / CONTROLLER WEST, NEAL E	☐ Delete	TITLE NAME				Char	ige 🗀 Addition	
STREET ADDRESS	1111 BROADWAY		STREET ADDRESS						
CITY-ST-ZIP	OAKLAND, CA 94607		CITY-ST-ZIP						
TITLE NAME	S / DIRECTOR HASSE, ANN F	☐ Delete	TITLE NAME				☐ Char	ige 🔲 Addition	
STREET ADDRESS	1111 BROADWAY		STREET ADDRESS						
CITY-ST-ZIP=	OAKLAND, CA-94607		-CITY-ST-ZIP		· · · · · · · · · · · · · · · · · ·				
TITLE NAME	CFO / D/RECTOR BRYAN, GLYNNIS	☐ Delete	TITLE NAME				Char	ige 🔲 Addition	
STREET ADDRESS	1111 BROADWAY		STREET ADDRESS			•			
CITY-ST-ZIP	OAKLAND, CA 94607  VP / DIRECTOR	Пън	CITY-ST-ZIP	4	·		□ Char	no M Addition	
TITLE NAME	VILLALON, WILLIAM	☐ Delete	TITLE NAME		ISTANT TR		☐ Char	oge 💢 Addition	
STREET ADDRESS CITY-ST-ZIP	1111 BROADWAY		STREET ADDRESS CITY-ST-ZIP	1111	'BROADW	AY		i	
TITLE	OAKLAND, CA 94607 AS	<b>⋈</b> Delete	TITLE		LAND, CA	94067 CRETARY		ige X Addition	
NAME	CHARRON, KENNETH	<b>p.s.</b> D01010	NAME	PET	ER A.Y. M	ueber			
STREET ADDRESS CITY-ST-ZIP	1111 BROADWAY OAKLAND, CA 94607		STREET ADDRESS CITY-ST-ZIP	1111	BROADWA	<b>Y</b>		•	
3 3. 2.1	C. I. L. III. C. 194001		OTT GITE	UAK	LAND, CA	77001	<del> </del>	<del></del> _	

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 empression 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.

 $\nu$ 

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/0

510-272-8000