

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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AND  
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95 MAY -1 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(1)

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000001414**  
1. Corporation Name  
**Global Shippers' Association, Inc.**

Principal Place of Business	Mailing Address
4130 Metro Parkway Suite 300 Fort Myers, FL 33916	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>3/10/94</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>65-0483132</b>	Applied For 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <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 City, County	28 City, County
24 City, County	29 City, County
25 City, County	30 City, County

**9. Name and Address of Current Registered Agent**  
Kenneth Patrick  
4310 Metro Parkway  
Suite 210  
Fort Myers, FL 33916

<b>10. Name and Address of New Registered Agent</b>	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and the fee applicable (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	Director/President
NAME	C. L. Foust, Jr.
STREET ADDRESS	3135 Easton Turnpike, EIH
CITY - ST - ZIP	Fairfield, CT 06431
TITLE	Director
NAME	Geraldine Furman
STREET ADDRESS	800 Phillips Road, Building 205
CITY - ST - ZIP	Webster, NY 14580
TITLE	Director/Vice President
NAME	Bob Hannum
STREET ADDRESS	10330 North Meridian Street
CITY - ST - ZIP	Indianapolis, IN 46290
TITLE	Director
NAME	Kevin Coffey
STREET ADDRESS	One Town Center Road
CITY - ST - ZIP	Boca Raton, FL 33486
TITLE	Director
NAME	John P. Ham
STREET ADDRESS	One PPG Place
CITY - ST - ZIP	Pittsburgh, PA 15272
TITLE	Director
NAME	Rita Schank
STREET ADDRESS	Montgomery Ward Plaza-5N
CITY - ST - ZIP	Chicago, IL 60671

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>500001484355</b>
13 STREET ADDRESS	<b>-05/11/95--01079--024</b>
14 CITY - ST - ZIP	<b>****130.00 ****130.00</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

*5/1/95 M8f*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Frank Romarica *5/1/95 813-931-2400 x425*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Indicate Month & Year)

2

Director  
Jerry Edwards  
Electronic Park, Building 5  
Room N3  
Liverpool, NY 13088

Officer/Treasurer  
Frank Pomarico  
4310 Metro Parkway  
Suite 300  
Fort Myers, FL 33916

Officer/Secretary  
Kenneth Patrick  
4310 Metro Parkway  
Suite 210  
Fort Myers, FL 33916