

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monahan  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 27 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P30243 (0)**

1. Corporation Name  
**MONDIAL TRADING & DISTRIBUTION, INC.**

Principal Place of Business: 19119 - 16TH AVENUE SOUTH, SEATTLE WA 98188  
Mailing Address: C/O EXPEDITORS INTERNATIONAL, 19119 16TH AVE SOUTH, SEATTLE WA 98188, US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/19/1990  
3a. Date of Last Report: 05/17/1994  
4. FEI Number: 91-1503205  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes:  Yes  No

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

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 registering)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALSH, KEVIN M. 19119 16TH AVE. SO. SEATTLE WA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST FOWLER, GARY E. 19119 16TH AVE. SO. SEATTLE WA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO ROSE, PETER J. 19119 16TH AVE. SO. SEATTLE WA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP CHARITO, ROBERT JAMES 745 N DILLON DR WOODDALE IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ALGER, GLENN MERAL 19119 16TH AVE S SEATTLE WA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LINCOLN, DAVID MICHAEL 19119 16TH AVE S SEATTLE WA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	CFO & Treasurer R. Jordan Gates 19119 - 16th Ave. S. Seattle, WA 98188 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	VP & Secretary Jeffrey J. King 19119 - 16th Ave S Seattle, WA 98188 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), 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.

SIGNATURE: \_\_\_\_\_ DATE: 4/20/95 (200)246-3711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR