

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P38933 (8)**  
1. Corporation Name  
**SEA-LAND LOGISTICS, INC.**



Principal Place of Business  
**150 ALLEN RD.  
LIBERTY CORNER NJ 07938  
US**

Mailing Address  
**901 E CARY ST  
RICHMOND VA 23219  
US**

3. Date Incorporated or Qualified **05/19/1992**      3a. Date of Last Report **05/11/1995**

2. Principal Place of Business  
21 **6000 Carnegie Blvd.**

2a. Mailing Address  
26 **500 Water Street**

4. FEI Number **59-2863365**      Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc. **J910**

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

23 City & State **Charlotte, NC**

28 City & State **Jacksonville, FL**

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

24 Zip **28209**      25 Country **USA**

29 Zip **32202**      30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL**      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, if applicable. (NOTE: Registered Agent's signature required when establishing)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DPM</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCOY, T. B</b>	
STREET ADDRESS	<b>150 ALLEN RD</b>	
CITY-ST-ZIP	<b>LIBERTY CORNER NJ</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMALLE, R.</b>	
STREET ADDRESS	<b>150 ALLEN RD</b>	
CITY-ST-ZIP	<b>LIBERTY CORNER NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ARACE, M. F JR.</b>	
STREET ADDRESS	<b>10407 CENTURION PKWY, N.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MIDDLETON, W. W JR.</b>	
STREET ADDRESS	<b>150 ALLEN RD</b>	
CITY-ST-ZIP	<b>LIBERTY CORNER NJ</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>GEIERSBACH, R. E</b>	
STREET ADDRESS	<b>901 E. CARY STREET</b>	
CITY-ST-ZIP	<b>RICHMOND VA</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE
NAME	<b>RUDNICK, A.A.</b>	
STREET ADDRESS	<b>901 EAST CARY STREET</b>	
CITY-ST-ZIP	<b>RICHMOND VA</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>6000 Carnegie Blvd.</b>
14 CITY-ST-ZIP	<b>Charlotte, NC</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>6000 Carnegie Blvd.</b>
34 CITY-ST-ZIP	<b>Charlotte, NC</b>
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	<b>6000 Carnegie Blvd.</b>
44 CITY-ST-ZIP	<b>Charlotte, NC</b>
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	

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:** *L. J. Borntraeger*      **L. J. Borntraeger, Tax Officer 4-15-96**      **904/279-6214**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      District Phone #

CR2E034 (12/95)