

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 24 1997 8:00am  
Secretary of State

DOCUMENT # 823750

(5)

1. Corporation Name  
NATIONAL CARGO BUREAU INC



Principal Place of Business

30 VESEY STREET  
NEW YORK NY 10007

Mailing Address

30 VESEY STREET  
NEW YORK NY 10007-2914

3. Date Incorporated or Qualified  
12/02/1969

3a. Date of Last Report  
04/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number  
13-5615188

Applied For  
Not Applicable

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

9. Name and Address of Current Registered Agent

KOEHLER, WILLIAM R.  
202 S. 22ND ST.  
SUITE #207  
TAMPA FL 33605

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPS  
NAME CUMMING, CHARLES S.  
STREET ADDRESS 30 VESEY ST.  
CITY-ST-ZIP NEW YORK NY 100072914

TITLE CB  
NAME YERRILL, VICTOR M  
STREET ADDRESS 61 BROADWAY SUITE 3301  
CITY-ST-ZIP NY NY 02

TITLE DT  
NAME ZREBIEC, JAMES A  
STREET ADDRESS 77 WATER ST  
CITY-ST-ZIP NY NY

TITLE DCB  
NAME JAGOE, CLIFFORD C  
STREET ADDRESS 5 RIVER RD  
CITY-ST-ZIP COF COB CT

TITLE P  
NAME MCNAMARA, JAMES J  
STREET ADDRESS 30 VESEY STREET  
CITY-ST-ZIP NEW YORK NY

TITLE D  
NAME JOHNSON, NIELS M  
STREET ADDRESS ONE WHITEHALL ST  
CITY-ST-ZIP NY NY

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *William R. Koehler*

4/16/97 919-571-5000

CR2E034 (9/96)