

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L10687

Entity Name: APL LOGISTICS PROPERTIES, INC.**Current Principal Place of Business:**16220 N. SCOTTSDALE ROAD
SUITE 300
SCOTTSDALE, AZ 85254**Current Mailing Address:**16220 N. SCOTTSDALE ROAD
SUITE 300
SCOTTSDALE, AZ 85254 US**FEI Number:** 59-2966786**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER, BROKER
Name	THOMSEN, CATHERINE
Address	3443 WEST MARGINAL WAY SW
City-State-Zip:	SEATTLE WA 98106

Title	REGIONAL FINANCE OFFICER
Name	TEE, TOMMY
Address	16220 N. SCOTTSDALE ROAD, SUITE 300
City-State-Zip:	SCOTTSDALE AZ 85254

Title	DIRECTOR
Name	MC ADAM III, JAMES H
Address	456 ALEXANDRA RD, #06-00 NOL BLDG.
City-State-Zip:	SINGAPORE 11996-2

Title	SECRETARY, DIRECTOR
Name	WINDLE, TIMOTHY J
Address	16220 N. SCOTTSDALE ROAD, SUITE 300
City-State-Zip:	SCOTTSDALE AZ 85254

Title	PRESIDENT, CEO, DIRECTOR
Name	VILLALON, WILLIAM K
Address	16220 N. SCOTTSDALE ROAD, SUITE 300
City-State-Zip:	SCOTTSDALE AZ 85254

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY WINDLE**SECRETARY****04/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date