

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90092 009 ***150.00

DOCUMENT # 140878

1. Corporation Name
SURFACE FREIGHT CORPORATION

Principal Place of Business

120 TOKENEKE RD
POB 1231
DARIEN CT 06820

Mailing Address

120 TOKENEKE RD
POB 1231
DARIEN CT 06820

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1941

4. FEI Number

11-2160769

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

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

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 VD ☐ DELETE
NAME DOLAN, DENNIS M.
STREET ADDRESS 120 TOKENEKE RD
CITY-ST-ZIP DARIEN, CT 00000

TITLE VD ☒ DELETE
NAME MCMASTER, WALTER L.
STREET ADDRESS 120 TOKENEKE RD
CITY-ST-ZIP DARIEN, CT 00000

TITLE P ☐ DELETE
NAME ROHRMANN, GUENTER
STREET ADDRESS 120 TOKENEKE RD
CITY-ST-ZIP DARIEN CT

TITLE SD ☐ DELETE
NAME MCCAULEY, DANIEL J.
STREET ADDRESS 120 TOKENEKE RD.
CITY-ST-ZIP DARIEN CT

TITLE T ☐ DELETE
NAME GALLAGHER, PAUL
STREET ADDRESS 120 TOKENEKE ROAD
CITY-ST-ZIP DARIEN CT

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME MCDONNELL, MARTIN J.
2.3 STREET ADDRESS 120 TOKENEKE ROAD
2.4 CITY-ST-ZIP DARIEN, CT 06820

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

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

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

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

(203) 655-7900

Daytime Phone #

CR2E034 (1/1/98)