
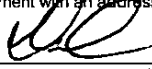


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90113 050 ***150.00

| | | | | | |
|---|---|--|---|--|--|
| DOCUMENT # 480433 | | | |  | |
| 1. Entity Name APL LOGISTICS FREIGHT SYSTEMS, INC. | | | | | |
| Principal Place of Business 1301 RIVERPLACE BLVD 1200 JACKSONVILLE, FL 32207 US | | | Mailing Address TAX DEPT 1111 BROADWAY OAKLAND, CA 94607 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1602627 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST STE. 105 TALLAHASSEE, FL 32301 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PCEO <input type="checkbox"/> Delete | TITLE | PRESIDENT / CEO / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | HICKLER, HANS | NAME | | | |
| STREET ADDRESS | 1111 BROADWAY | STREET ADDRESS | | | |
| CITY-ST-ZIP | OAKLAND, CA 94607 | CITY-ST-ZIP | | | |
| TITLE | VP <input checked="" type="checkbox"/> Delete | TITLE | CEO / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | WILLIAMS, KIRK | NAME | BRYAN, GLYNIS | | |
| STREET ADDRESS | 1111 BROADWAY | STREET ADDRESS | 1111 BROADWAY | | |
| CITY-ST-ZIP | OAKLAND, CA 94607 | CITY-ST-ZIP | OAKLAND, CA 94607 | | |
| TITLE | SD <input type="checkbox"/> Delete | TITLE | | | |
| NAME | HASSE, ANN F | NAME | | | |
| STREET ADDRESS | 1111 BROADWAY | STREET ADDRESS | | | |
| CITY-ST-ZIP | OAKLAND, CA 94607 | CITY-ST-ZIP | | | |
| TITLE | VPD <input type="checkbox"/> Delete | TITLE | | | |
| NAME | VILLALON, WILLIAM | NAME | | | |
| STREET ADDRESS | 1111 BROADWAY | STREET ADDRESS | | | |
| CITY-ST-ZIP | OAKLAND, CA 94607 | CITY-ST-ZIP | | | |
| TITLE | TC <input type="checkbox"/> Delete | TITLE | | | |
| NAME | WEST, NEAL E | NAME | | | |
| STREET ADDRESS | 1111 BROADWAY | STREET ADDRESS | | | |
| CITY-ST-ZIP | OAKLAND, CA 94607 | CITY-ST-ZIP | | | |
| TITLE | AT <input type="checkbox"/> Delete | TITLE | | | |
| NAME | CANNON, DOUGLAS R | NAME | | | |
| STREET ADDRESS | 1111 BROADWAY | STREET ADDRESS | | | |
| CITY-ST-ZIP | OAKLAND, CA 94607 | CITY-ST-ZIP | | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | DOUGLAS CANNON | | 4/26/05 (510) 272-8000 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |