

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90826 029 ***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**

40092496



04042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1602627

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
STE. 105
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**RFO
GIAP, SOH KAM
1111 BROADWAY
OAKLAND, CA 94607**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
HASSE, ANN F
1111 BROADWAY
OAKLAND, CA 94607**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PCED
VILLALON, WILLIAM
1111 BROADWAY
OAKLAND, CA 94607**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
HUEGEL, PETER A
1111 BROADWAY
OAKLAND, CA 94607**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AT
CANNON, DOUGLAS R
1111 BROADWAY
OAKLAND, CA 94607**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SDH KAM GIAP

Date

4/5/07

Daytime Phone #

510-272-8000