

**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

SOH KAM GIAP

Date

4/5/07

Daytime Phone #

510-272-8000