## 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

## DOCUMENT # 831822

1. Corporation Name

KUEHNE & NAGEL, INC.

Principa	l Place o	f Business

Mailing Address

2a Mailing Address

10 EXCHANGE PLACE JERSEY CITY NJ 07302-0910 10 EXCHANGE PLACE JERSEY CITY NJ 07302-0910

## **FILED** Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90007 011 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

02/12/1974

z. Frincipari	Flace of odsilless	Za. Walling Address					<del></del>	photoron	
21		26			13-2571986		No	ot Applicable	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & Sta	ate	City & State		-	6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added		
Zip			Country		8. This corporation owes the current ye	ear Intang	ible		
24	25	29 30		Personal Property Tax.					
9. Name and Address of Current Registered Agent					10. Name and Address of New Regis	tered Age	nt		
4			81	Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324									
			82	82 Street Address (P.O. Box Number is Not Acceptable)					
			83						
, –									
			84	City		FL	5 Zip i	Code	
				L		— _		ropintorod	
11. Pursuan	it to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the above	e-named corp	oration submits this statement for the purpoon's board of directors. I hereby accept the	se or cna appointm	nging its ent as re	registered :aistered	
agent. I	am familiar with, and accept the obli	gations of, Section 607.0505, Flori	ida Statutes		on a source of an experience			Ş	
SIGNATURE	<u> </u>								
0,0,1,7,0,10	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Agen	t signature require		TE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE				
TITLE	) V	☐ DELETE	1.1 TITLE			L	] Change	Addition	
NAME	WUNN, RAINER		1.2 NAME						
STREET ADDRESS	s 9 CLINTON AVE		1.3 STREET	ADDRESS					
CITY-ST-ZIP	MAPLEWOOD NJ		1.4 CITY-ST	T-ZIP		·			
TITLE	PO	☐ DELETE	2.1 TITLE	F	° D	Œ	Change	Addition	
NAME	EBERT, FRED		2.2 NAME	E	BERT, FRED 45 WEST GO STREET IFW YORK, NY.				
STREET ADDRESS	s 35 ROTARY DR.		2.3 STREET	ADDRESS 6	45 WEST GO STREET				
CITY-ST-ZIP	SUMMIT NJ		2.4 CITY-S	T-ZIP	IEW YORK NY.				
TITLE	VD	☐ DELETE	3.1 TITLE		<del></del>		] Change	Addition	
NAME	MESSERLI.PETER					L_			
	MEGGENLIFETEN		3.2 NAME						
STREET ADDRESS	OOD MOUNTAIN DD		3.2 NAME 3.3 STREET	ADDRESS					
STREET ADDRESS  CITY-ST-ZIP  TITLE	s 380 MOUNTAIN RD.	☐ DELETE	3.3 STREET				] Change	☐ Addition	
CITY-ST-ZIP	s 380 MOUNTAIN RD. UNION CITY NJ CD	☐ DELETE	3.3 STREET				Change	☐ Addition	
CITY-ST-ZIP	s 380 MOUNTAIN RD. UNION CITY NJ CD KUEHNE, K M	☐ DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE	T- ZIP			Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	S 380 MOUNTAIN RD. UNION CITY NJ CD KUEHNE, K M	☐ DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME	T-ZIP  ADDRESS			Change	☐ Addition	
CITY-ST-ZIP TITLE NAME	S 380 MOUNTAIN RD. UNION CITY NJ CD KUEHNE, K M DORFSTRASSE 50	☐ DELETE	3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET	T-ZIP  ADDRESS			] Change	☐ Addition	
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Indicated on this annual report or supplemental annual report is triple and accurate and that my signature shall have the same legal effect as if made under oard, many aim a officer or director of the corporation or the receiver or trustee employered 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 addiess, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR