FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90236 036 ***150.00

DOCUMENT # 831822

1. Entity Name
KUEHNE & NAGEL, INC.

94074763

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
10 EXCHANGE PLACE	10 EXCHANGE PLACE
Suite, Apt. #, etc. 19TH FL	Suite, Apt. #, etc. 19TH FL
City & State JERSEY CITY NJ	City & State JERSEY CITY NJ
Zip 07302-0910 Country	Zip 07302-0910 Country

4. FEI Number 13-2571986 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SPANISH ISLAND RD

City PLANTATION FL Zip Code 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	V	TITLE	
NAME	WUNN, RAINER	NAME	
STREET ADDRESS	9 CLINTON AVE	STREET ADDRESS	
CITY-ST-ZIP	MAPLEWOOD NJ	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	ALTORFER, ROLF	NAME	
STREET ADDRESS	21 DOGWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BROOKSIDE NJ 07926	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	MESSERLI, PETER	NAME	
STREET ADDRESS	380 MOUNTAIN RD	STREET ADDRESS	
CITY-ST-ZIP	UNION CITY NJ	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	CD	TITLE	
NAME	KUEHNE, KM	NAME	**IN THIS SPACE**
STREET ADDRESS	PORTSTRASSE 50	STREET ADDRESS	
CITY-ST-ZIP	SCHILDELLEGI SW	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Apr. 23, 2004 201-413-5640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #