## 2007 FOR PROFIT CORPORATION

## Mar 02, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT #831822** 03-02-2007 90007 013 \*\*\*150.00 1. Entity Name **KUEHNE + NAGEL INC.** Principal Place of Business Mailing Address 1005120A 10 EXCHANGE PLACE 10 EXCHANGE PLACE JERSEY CITY, NJ 07302-0910 JERSEY CITY, NJ 07302-0910 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 02072007 CR2E034 (12/06) Applied For City & State City & State 4 FELNumber 13-2571986 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City 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 Signature, typed or printed name of repistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Change TITLE ☐ Delete WUNN, RAINER NAME Michael Schimpf NAME 9 CLINTON AVE STREET ADDRESS 100 Oraley street STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAPLEWOOD, NJ rsay City 07302 PD TIT1 F TITLE Delete ☐ Change Addition ALTORFER, ROLF NAME Juzze Bandle NAME 21 DOGWOOD DRIVE STREET ADDRESS 1 09 West 8945+ STREET ADDRESS CITY+ST-7IP BROOKSIDE, NJ 07926 CITY-ST-ZiP New York Delete TITLE ☐ Change Addition TITLE Grea J Martin 75 Walnut ST MESSERLI, PETER / Replaced by NAME NAME 380 MOUNTAIN RD. STREET ADDRESS STREET ADDRESS Michael Schings) providence CITY-ST-ZIP UNION CITY, NJ CITY-ST-ZIP TITLE CD ☐ Delete ☐ Change Addition Peter Hofmunn KUEHNE, K M NAME 66 Princess Prive DORFSTRASSE 50 STREET ADDRESS STREET ADDRESS SCHILDELLEGI, SW CITY-ST-ZIP 08902 CITY-ST-ZIP ☐ Delete Addition TITLE NAME NAME

s filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information the application of the same legal effect as if made under oath; that I am an officer or director and the same legal effect as if made under oath; that I am an officer or director and to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information sypplied with indicated on this report or supplemental report is of the corporation or the receiver or trystee empoy changed, or on an attachment with address.

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

NAME

SIGNATURE: \( \)

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition

FILED