2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State
03-03-2008 90197 009 ***158.75

DOCUMENT # 831822

1. Entity Name
KUEHNE + NAGEL INC.

Principal Place of Business	Mailing Address
10 EXCHANGE PLACE - 19th Fl JERSEY CITY, NJ 07302-0910	10 EXCHANGE PLACE - 19th Fl JERSEY CITY, NJ 07302-0910

Note: SAME Just 1 on 19th floor

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc. 19th FL	Suite, Apt. #, etc. 19th FL
City & State SAME	City & State SAME
Zip / Country SAME	Zip / Country SAME

02262008 Chg-P CR2E034 (12/06)

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WUNN, RAINER 9 CLINTON AVE MAPLEWOOD, NJ	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARK MICHAELS 10 Exchange Place - 19th Floor Jersey City NJ 07302	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALTORFER, ROLF 21 DOGWOOD DRIVE BROOKSIDE, NJ 07926	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 10 Exchange Place - 19th Floor Jersey City NJ 07302	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS SCHIMPF, MICHAEL 100 DUDLEY STREET JERSEY CITY, NJ 07302	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 10 Exchange Place - 19th Fl Jersey City NJ 07302	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD KUEHNE, K M DORFSTRASSE 50 SCHILDELLEGI, SW	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BANDLE, JUERG 109 WEST 89TH STREET NEW YORK, NY 10024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 10 Exchange Place 19th Fl Jersey City NJ 07302	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARTIN, GREGG 75 WALNUT STREET N. PROVIDENCE, NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 10 Exchange Place - 19th Fl Jersey City NJ 07302	☒ Change ☐ Addition

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: _____ PETER HOFMANN 02-27-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT - 400368818

#831826

Name And Address #4

Title	CD
Name (Last, First, Middle, Title)	[redacted]
- OR -	
Entity Name to serve as Officer/Director	KUEHNE, K M
Street Address	DORFSTRASSE 50
City, State	SCHILDELLEGI SW
Zip Code & Country	

Name And Address #5

Title	V
Name (Last, First, Middle, Title)	BANDLE JUERG
- OR -	
Entity Name to serve as Officer/Director	
Street Address	109 WEST 89TH STREET
City, State	NEW YORK NY
Zip Code & Country	10024

Name And Address #6

Title	V
Name (Last, First, Middle, Title)	MARTIN GREG J
- OR -	
Entity Name to serve as Officer/Director	
Street Address	75 WALNUT STREET
City, State	N. PROVIDENCE NJ
Zip Code & Country	

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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