2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#831822

ntity Name: KUEHNE + NAGEL INC.

10 EXCHANGE PL 19TH PL

JERSEY CITY, NJ 07302

Address: City-St-Zip: FILED Feb 17, 2009 Secretary of State

Entity Name: RUEHNE + NAGEL INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	NGE PLACE 1 ITY, NJ 07302				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
10 EXCHANGE PLACE 19TH FL JERSEY CITY, NJ 07302			10 EXCHANGE PLACE 19TH FL ATTN: TAX JERSEY CITY, NJ 07302		
FEI Number:	13-2571986	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US 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.				
SIGNATURE:					
	Electron	ic Signature of Registered Age	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () ALTORFER, RO 10 EXCHANGE JERSEY CITY,	PL 19TH FL	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	V () DESOTO, DANI 10 EXCHANGE JERSEY CITY,	PL 19TH FL	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name:	TS () SCHIMPF, MICI	Delete HAEL	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MICHAEL SCHIMPF TS 02/17/2009