
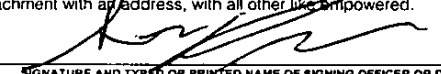


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90039 038 ***150.00

DOCUMENT # 855889			
1. Entity Name PANALPINA (FLORIDA), INC.			
Principal Place of Business 950 TOWER LANE, SUITE 1600 SAN MATEO, CA 94404 US		Mailing Address 950 TOWER LANE, SUITE 1600 SAN MATEO, CA 94404 US	
2. Principal Place of Business One Lagoon Drive Suite, Apt. #, etc. Suite 250 City & State Redwood City, CA Zip 94065 Country USA		3. Mailing Address One Lagoon Drive Suite, Apt. #, etc. Suite 250 City & State Redwood City, CA Zip 94065 Country USA	
4. FEI Number 13-5349950		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PDO BEATSON, DAVID 950 TOWER LANE, SUITE 1600 SAN MATEO, CA 94404 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO H. Peter merath one Lagoon Drive, Suite 250 Redwood City, CA 94065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDLER, BRUNO VIADUKTSTRASSE 42 4002 BASEL, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO GERALDI, ALAN 950 TOWER LANE, SUITE 1600 SAN MATEO, CA 94404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	one Lagoon Drive, Suite 250 Redwood City, CA 94065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Secretary 1-10-06 (650)253-1660	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



01102006 Chg-P CR2E034 (11/05)