

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003848

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** SCHENKER LOGISTICS, INC.

**Current Principal Place of Business:**

801 WAREHOUSE STREET  
GREENSBORO, NC 27405

**New Principal Place of Business:**

**Current Mailing Address:**

965 NORFOLK SQUARE  
NORFOLK, VA 23502

**New Mailing Address:**

**FEI Number:** 56-0501074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: MURMANN, HEINER  
Address: 150 ALBANY AVENUE  
City-St-Zip: FREEPORT, NY 11520

Title: CFO  
Name: DEKEMPE, JAN  
Address: 440 EXCHANGE PLACE  
City-St-Zip: IRVINE, CA 92602

Title: VP  
Name: WATSON, GRAEME  
Address: 801 WAREHOUSE STREET  
City-St-Zip: GREENSBORO, NC 27405

Title: SEC  
Name: LYNCH, BRIAN  
Address: 120 WHITE PLAINS ROAD  
City-St-Zip: TARRYTOWN, NY 10591

Title: VPF  
Name: HANSON, DONNA  
Address: 965 NORFOLK SQUARE  
City-St-Zip: NORFOLK, VA 234502

I hereby 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 all other like empowered.

SIGNATURE: DONNA HANSON

VPF

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date