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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
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Fax Number : (850) 558-1515

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FOREIGN PROFIT/NONPROFIT CORPORATION  
APL LOGISTICS AMERICAS, LTD., CORP.

Certificate of Status	0
Certified Copy	0
Page Count	04
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DIVISION OF CORPORATIONS  
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J. Shivers MAY 12 2010

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. APL LOGISTICS AMERICAS, LTD., CORP.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA 3. 94-3017941  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. FEBRUARY 4, 1981 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 16220 N. SCOTTSDALE RD., SUITE 300, SCOTTSDALE, ARIZONA 85254  
(Principal office address)

16220 N. SCOTTSDALE RD., SUITE 300, SCOTTSDALE, ARIZONA 85254  
(Current mailing address)

8. LOGISTICS BUSINESS AND TRANSPORTATION  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company

By: Jerome L. Suarez, Asst. Secretary *Jerome L. Suarez*  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: WILLIAM K. VILLALON  
Address: 16220 N. SCOTTSDALE ROAD, SUITE 300  
SCOTTSDALE, AZ 85254

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: TONY ZASIMOVICH  
Address: 16220 N. SCOTTSDALE ROAD, SUITE 300  
SCOTTSDALE, AZ 85254

Director: JAMES HERBERT MCADAM III  
Address: 456 ALEXANDRA ROAD, NOL BUILDING  
SINGAPORE, 119962

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B. OFFICERS

President: WILLIAM K. VILLALON  
Address: 16220 N. SCOTTSDALE ROAD, SUITE 300  
SCOTTSDALE, AZ 85254

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: TIMOTHY J. WINDLE  
Address: 16220 N. SCOTTSDALE ROAD, SUITE 300, SCOTTSDALE, AZ 85254

Treasurer: TOMMY K. B. TEE  
Address: 16220 N. SCOTTSDALE ROAD, SUITE 300, SCOTTSDALE, AZ 85254

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_  
(Signature of Director or Officer listed in number 12 of the application)

14. TIMOTHY J. WINDLE, SECRETARY  
(Typed or printed name and capacity of person signing application)

# State of California Secretary of State

## CERTIFICATE OF STATUS

ENTITY NAME:

APL LOGISTICS AMERICAS, LTD.

FILE NUMBER: C1016913  
 FORMATION DATE: 02/04/1981  
 TYPE: DOMESTIC CORPORATION  
 JURISDICTION: CALIFORNIA  
 STATUS: ACTIVE (GOOD STANDING)

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I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 10, 2010.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State