Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000215915 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

Phone

: (850)205-8842

Fax Number

: (850)878~5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

Email	Address:
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FOREIGN PROFIT/NONPROFIT CORPORATION

Schenker Americas, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

AUG 3 1 2016 Help Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Schenker Americas, Inc.	e of corporation	- must include suffix	
******	• • • • • • • • • • • • • • • • • • •	· · tildet invidee baltist	
Dear Sir or Madam:			
The enclosed "Application by Foreign Cartificate of Existence," or "Certificate above referenced foreign corporation to	ite of Good Star	iding" and check are submit	usiness in Florida," ted to register the
Please return all correspondence concer	ming this matter	to the following:	
Dennis St George			
	Name of	Person	
DB US Holding Corporation			
	Firm/Com	pany	
120 White Plains Road, 4th Floor			
	Addre	288	
Tarrytown, NY 10591			
	City/State at	ıd Zip code	
dstgeorge@dbusholding.com			
	ss: (to be used f	or future annual report notif	ication)
For further information concerning this	matter, please o	all:	
Dennis St George at (914) 366		366 7252	
Name of Person	Area Code	Daytime Telephone	Number
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	MAILING ADDI Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 3	on rations
Enclosed is a check for the following an	nount:		
☐ \$70.00 Filing Fee ☐ \$78.75 Fili Certificate		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

	cas, Inc. orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	,
(If name unavaila	ible in Florida, enter alternate corporate name		
2. Delaware	3.	81-3229612 (FEI number, if appl	
(State or countr	y under the law of which it is incorporated)	(FEI number, if appl	icable)
4. 07/13/2016		Perpetual	<u>,</u>
(Date of incorporation) (Date of duration, if other than perpetual)			an perpetual)
6. Upon Qualificat			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)
7.150 Albany Aven	ue, Freeport, NY 11520		·
	(Princip	oal office address)	5
same			777
	(Current mailir	ng address, if different)	
8. Name and stree	t address of Florida registered agent: (P.C	D. Box NOT acceptable)	
Name:	C T Corporation System		©; 4
Office Address:	1200 South Pine Island Road		5
	Plantation	, Florida 33324 (Zip code)	
	(City)	(Zip code)	
designated in this further agree to co	ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appoints omply with the provisions of all statutes r amiliar with and accept the obligations o	nent as registered agent and agree relative to the proper and complete	e to act in this capacity.
	C T Corporation System		
1	By: Kwit Bold		<u> </u>
_	(Registered	agent's signature) Kristin Bolde Assistant Secre	tarv
the Department of	certificate of existence duly authenticated, State, by the Secretary of State or other of high it is incorporated.	not more than 90 days prior to delificial having custody of corporate	records in the jurisdicti

11. Names and business addresses of officers and/or directors:			
A. DIRECTORS SEE ATTACHMENT			
Chajiman:			
Address:		·	
Vice Chairman:			
Address:			
Director: Jochen Thewes		·····	
Address: 150 Albany Avenue		·	
Freeport, NY 11520			
Director: Lutz Freytag			
Address: 150 Albany Avenue			
Freeport, NY 11520		·	
B. OFFICERS SEE ATTACHMENT	1	(C))	
President:	- "	65	
Address:	121-	0	
	777	7	. 1
Vice President:	35.5	ć:	1000
Address:	3	€7	
ACCIOSA:			
Secretary: Brian Lynch			
Address: 120 White Plains Road, Tarrytown, NY 10591			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	or direct	ors.	
12.			
Signature of Director or Officer			,
The officer or director signing this document (and who is listed in number 11 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Department a third degree felony as provided for in s.817.155, F.S.	e facts str it of State	sted her consti	rein tutes
13. Brian Lynch, Secretary			
(Typed or printed name and capacity of person signing application)			

Attachment to Florida Officers & Directors

Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

2 Fuli Name:

Officer/Director:

Officer's Title:

Director's Title: Business Address:

City:

State:

ZIP Code:

Full Name: 3

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

Full Name:

Philippe Gilbert

Officer, Director

Chief Executive Officer

Other Director

150 Albany Avenue

Freeport

NY

11520

Brent Blake

Officer, Director

Chief Financial Officer

Other Director

150 Albany Avenue

Freeport

NY

11520

Steven Gundlach

Officer

Executive Vice President

150 Albany Avenue

Freeport

NY

11520

Marta Ramirez

Officer

Senior Vice President

150 Albany Avenue

Freeport

NΥ

11520

Andreas Pohl

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City: State:

ZIP Code:

Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

Full Name:

Officer/Director: Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

Officer

Senior Vice President

150 Albany Avenue

Freeport

NY

11520

Trond Prestroenning

Officer

Senior Vice President

150 Albany Avenue

Freeport

NY

11520

Daniel Bergman

Officer

Senior Vice President

150 Albany Avenue

Freeport

NY

11520

Geoff Mansell

Officer

Senior Vice President

150 Albany Avenue

Freeport

NY

11520

8/30/2016 2:45:38 PM From: To: 8506176383(7/8)

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16 AUG 30 AM 8: 46

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SCHENKER AMERICAS, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

6075710 8300 SR# 20165580782

You may verify this certificate online at corp.delaware.gov/authver.shtml

Judicy W. Burban, Sociolary of State

Authentication: 202911479

Date: 08-30-16