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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

STG Logistics, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	5
Estimated Charge	\$78.75

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STATE OF FLORIDA

STATE OF FLORIDA
DIVISION OF STATE
CORPORATIONS

2020 MAR -6 PM 2:38

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Corporate Filing Menu

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7:17 PM

**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. STG Logistics, Inc.
(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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/28/1989 5. _____
(Date of incorporation) (Date of duration, if other than 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. 5 Logistics Drive, South Kearny, NJ 07032
(Principal office street address)


- _____
(Current mailing address, if different)

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

Name: Corporate Creations Network Inc.
Office Address: 801 US Highway 1
North Palm Beach, Florida 33408
(City) (Zip code)

9. 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.



(Registered agent's signature) **Courtney Nanke, Special Secretary**

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

☐ Chairman Name: Konrad A. Salaber
☐ Vice Chairman Address: 5 Logistics Drive
☒ Director South Kearny, NJ 07032
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Paul Peterson
☐ Vice Chairman Address: 5 Logistics Drive
☒ Director South Kearny, NJ 07032
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

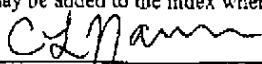
☐ Chairman Name: Greg Muldoon
☐ Vice Chairman Address: 5 Logistics Drive
☒ Director South Kearny, NJ 07032
☒ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other CEO ☐ Other _____

☐ Chairman Name: Geoff Anderman
☐ Vice Chairman Address: 5 Logistics Drive
☐ Director South Kearny, NJ 07032
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☒ Treasurer _____
☒ Other CFO ☐ Other _____

☐ Chairman Name: Todd Larson
☐ Vice Chairman Address: 5 Logistics Drive
☐ Director South Kearny, NJ 07032
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other EVP - CFS Operations ☐ Other _____

☐ Chairman Name: Bas Dubbeldam
☐ Vice Chairman Address: 5 Logistics Drive
☐ Director South Kearny, NJ 07032
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other Distribution ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Courtney Nanko, Attorney in Fact
 (Typed or printed name and capacity of person signing application)

"Officers Continued"

A. DIRECTORS

☐ Chairman Name: David Sosnowski
☐ Vice Chairman Address: 5 Logistics Drive
☐ Director South Kearny, NJ 07032
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other SVP - Sales and Marketing ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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13. _____
 (Typed or printed name and capacity of person signing application)

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

STG LOGISTICS, INC.

FILE NUMBER: C1653438
FORMATION DATE: 11/28/1989
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 March 04, 2020.

ALEX PADILLA
Secretary of State