



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F93000001906</b> 1. Entity Name <b>KUEHNE &amp; NAGEL LOGISTICS, INC.</b>						<b>FILED</b> <b>04 MAY 10 AM 11:31</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>22 SPENCER STREET</b> <b>NAUGATUCK, CT 06770</b>				Mailing Address <b>22 SPENCER STREET</b> <b>NAUGATUCK, CT 06770</b>			
2. Principal Place of Business		3. Mailing Address		 04282004 Chg-P CR2E034 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>06-1170182</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D AURAY, ROBERT R JR. <input checked="" type="checkbox"/> Delete			TITLE	CEO / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	AURAY, ROBERT R JR.			NAME	Rolf Altorfer		
STREET ADDRESS	10 EXCHANGE PLACE 19TH FLOOR			STREET ADDRESS	22 Spencer Street		
CITY-ST-ZIP	JERSEY CITY, NJ 07302			CITY-ST-ZIP	Naugatuck, CT 06770		
TITLE	VP <input checked="" type="checkbox"/> Delete			TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FRICK, JOHN			NAME	Robert Erni		
STREET ADDRESS	22 SPENCER STREET			STREET ADDRESS	22 Spencer Street		
CITY-ST-ZIP	NAUGATUCK, CT 06770			CITY-ST-ZIP	Naugatuck, CT 06770		
TITLE	D <input type="checkbox"/> Delete			TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HERMS, KLOUS			NAME	Dirk Reich		
STREET ADDRESS	10 EXCHANGE PLACE 19TH FLOOR			STREET ADDRESS	10 Exchange Place, 19th Floor		
CITY-ST-ZIP	JERSEY CITY, NJ 07302			CITY-ST-ZIP	Jersey City, NJ 07302		
TITLE	D <input type="checkbox"/> Delete			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	VAN KESTEREN, GERARD			NAME	00000373030333		
STREET ADDRESS	10 EXCHANGE PLACE 19TH FLOOR			STREET ADDRESS	05/27/04-01073-002 **200.00		
CITY-ST-ZIP	JERSEY CITY, NJ 07302			CITY-ST-ZIP			
TITLE	VPC <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIXON, BRUCE H			NAME			
STREET ADDRESS	22 SPENCER STREET			STREET ADDRESS			
CITY-ST-ZIP	NAUGATUCK, CT 06770			CITY-ST-ZIP			
TITLE	TS <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MESSERLI, PETER			NAME			
STREET ADDRESS	10 EXCHANGE PLACE, 19TH FLR			STREET ADDRESS			
CITY-ST-ZIP	JERSEY CITY, NJ 07302			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address, with all other like empowered.							
SIGNATURE: _____				4/28/04 Date			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				203-597-5300 Daytime Phone #			