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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001037 (0)**

1. Corporation Name

WALLENIUS LINES NORTH AMERICA, INC.

Principal Place of Business	Mailing Address
188 BROADWAY P.O. BOX 1232 WOODCLIFFE LAKE NJ 07675	188 BROADWAY P.O. BOX 1232 WOODCLIFFE LAKE NJ 07675

3. Date Incorporated or Qualified: 03/02/1994
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business	2a. Mailing Address
21 9550 Regency Sq. Blvd.	26 188 Broadway
Suite, Apt. #, etc. 22 Ste. 1107	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, FL	City & State 28 Woodcliff Lake, NJ
Zip / Country 24 32225 / 25 USA	Zip / Country 29 07675 / 30 USA

4. FEI Number: 51-0268314 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: D. Leon/Wallenius Lines N.A., Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 9550 Regency Sq. Blvd.
83 Barnett Regency Tower, Ste. 1107
84 City: Jacksonville **FL** 85 Zip Code: 32225

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Daniel Leon — Daniel Leon, Pt. Mgr., 01/22/96
Signature of typed or printed name of registered agent and date, if applicable (NOTE: Registered Agent's signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EBELING, RAYMOND P 188 BROADWAY WOODCLIFFE LAKE NJ	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD VANNA, JOHN A 188 BROADWAY WOODCLIFFE LAKE NJ	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JONES, G R 188 BROADWAY WOODCLIFFE LAKE NJ	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CONNOR, CHRISTOPHER J 188 BROADWAY WOODCLIFF LAKE NJ	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John A Vanna — John Vanna, VSTD, 01/15/96 201/307-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #