

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001037 (0)

1. Corporation Name  
WALLENUS LINES NORTH AMERICA, INC.



Principal Place of Business 9550 REGENCY SQUARE BLVD SUITE 1107 JACKSONVILLE FL 32225 US	Mailing Address ATTN: VICE PRESIDENT, ACCOUNTING 188 BROADWAY WOODCLIFF LAKE NJ 07675-1232 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/02/1994	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 51-0268314	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent D.LEON/WALLENUS LINES 9550 REGENCY SQ. BLVD. BARNETT REGENCY TOWER, STE. 1107 JACKSONVILLE FL 32225		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature 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 C EBELING, RAYMOND P 188 BROADWAY WOODCLIFF LAKE NJ 07675 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PDC (change from "PD" to "PDC") <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Please add zip code 07675
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>VSTB</del> <del>VANNA, JOHN A</del> <del>188 BROADWAY</del> <del>WOODCLIFF LAKE NJ</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	S RIDLON, JOHN M. 188 BROADWAY WOODCLIFF LAKE, NJ 07675 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JONES, G R 188 BROADWAY WOODCLIFF LAKE NJ 07675 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Please add zip code 07675
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CONNOR, CHRISTOPHER J 188 BROADWAY WOODCLIFF LAKE NJ 07675 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	VD (change from "V" to "VD") <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Please add zip code 07675
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT CLEMENT, JAMES P 188 BROADWAY WOODCLIFF LAKE NJ 07675 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	VT (change from "V" to "VT") <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Please add zip code 07675
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 alternate page with an address.

SIGNATURE:  3/2/98 201-476-2994

CP2E034 (10/97)