

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90178 024 ***150.00

DOCUMENT # F94000001037

1. Corporation Name

WALLENIUS 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 9950 BLOUNT ISLAND BLVD.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 JACKSONVILLE, FL.

City & State

28

Zip

24 32226

Country

25 DUVAL

Zip

29

Country

30

9. Name and Address of Current Registered Agent

D.LEON/WALLENIUS 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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC ☐ DELETE
NAME EBELING, RAYMOND P
STREET ADDRESS 188 BROADWAY
CITY-ST-ZIP WOODCLIFF LAKE NJ 07675

TITLE S ☐ DELETE
NAME RIDLON, JOHN M
STREET ADDRESS 188 BROADWAY
CITY-ST-ZIP WOODCLIFF LAKE NJ 07675

TITLE V ☐ DELETE
NAME JONES, G R
STREET ADDRESS 188 BROADWAY
CITY-ST-ZIP WOODCLIFF LAKE NJ 07675

TITLE VD ☐ DELETE
NAME CONNOR, CHRISTOPHER J
STREET ADDRESS 188 BROADWAY
CITY-ST-ZIP WOODCLIFF LAKE NJ 07675

TITLE VT ☐ DELETE
NAME CLEMENT, JAMES P
STREET ADDRESS 188 BROADWAY
CITY-ST-ZIP WOODCLIFF LAKE NJ 07675

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)