

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  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90041 021 \*\*\*150.00

DOCUMENT # F96000004573

1. Corporation Name

FEDERAL MARINE TERMINALS, INC.



Principal Place of Business

3434 E 95TH ST  
CHICAGO IL 60617

Mailing Address

660 E MORTLAND DR  
SUITE D  
VALPARAISO IN 46307  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

46385

30

4. FEI Number

36-2550597

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC  
NAME PATHY, LAURENCE G  
STREET ADDRESS 1000 DE LA GAUCHETIERE OUEST, MONTREAL  
CITY-ST-ZIP QUEBEC, CANADA H3B 4W5

☐ DELETE

TITLE DP  
NAME JONES, PETER G  
STREET ADDRESS 1000 DE LA GAUCHETIERE OUEST, MONTREAL  
CITY-ST-ZIP QUEBEC, CANADA H3B 4W5

☒ DELETE

TITLE VT  
NAME PEACOCK, JOHN J  
STREET ADDRESS 1000 DE LA GAUCHETIERE OUEST, MONTREAL  
CITY-ST-ZIP QUEBEC, CANADA H3B 4W5

☐ DELETE

TITLE D  
NAME GARVE, J B  
STREET ADDRESS 1000 DE LA GAUCHETIERE OUEST, MONTREAL  
CITY-ST-ZIP QUEBEC, CANADA H3B 4W5

☒ DELETE

TITLE D  
NAME WINTER, T H  
STREET ADDRESS 1000 DE LA GAUCHETIERE OUEST, MONTREAL  
CITY-ST-ZIP QUEBEC, CANADA H3B 4W5

☐ DELETE

TITLE D  
NAME MURRAY, J S  
STREET ADDRESS 1000 DE LA GAUCHETIERE OUEST, MONTREAL  
CITY-ST-ZIP QUEBEC, CANADA H3B 4W5

☒ DELETE

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☒ Change

☐ Addition

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

☐ Change

☒ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

President/Director

Secretary/Treasurer

David Peterson  
650 Northland Dr. Suite D  
Valparaiso, IN 46385

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

3/31/99

Date

Daytime Phone #

CR2E034 (1/1/98)