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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F97000000623 (5)**

1. Corporation Name
TNT LOGISTICS CORPORATION

Principal Place of Business
1306 CONCOURSE DR., STE. 401
LINTHICUM MD 21090-1032

Mailing Address
1306 CONCOURSE DR., STE. 401
LINTHICUM MD 21090-1032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/05/1997

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 Country 30

4. FEI Number
59-3068567
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☒ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	CARRASCO, MICHAEL P		1.2 NAME	NOEL, JEAN CLAUDE	
STREET ADDRESS	TNT PLAZA, TOWER 1, LAWSON SQ.		1.3 STREET ADDRESS	3 PARK AVE., 29TH FL.	
CITY-ST-ZIP	REDFERN, NSW 2016 AUSTRALIA		1.4 CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	D	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	STOLLERY, JOHN		2.2 NAME	GUNTON, MARK	
STREET ADDRESS	5280 MAINGATE DR, MISSISSAUGA, ONTARIO		2.3 STREET ADDRESS	990 STEWART AVENUE	
CITY-ST-ZIP	L4W 1G5 CANADA		2.4 CITY-ST-ZIP	GARDEN CITY, NY 11530	
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BIRTHELMER, ALBERT		3.2 NAME	MONACHAN, CRAIG	
STREET ADDRESS	5280 MAINGATE DR, MISSISSAUGA, ONTARIO		3.3 STREET ADDRESS	5800 EMBLER DRIVE	
CITY-ST-ZIP	L4W 1G5 CANADA		3.4 CITY-ST-ZIP	MISSISSAUGA, ONTARIO L4W 4J4 CANADA	
TITLE	D	☒ DELETE	4.1 TITLE	V/D	☒ Change ☐ Addition
NAME	SKODA, MARK		4.2 NAME	DAVIDSON, JAMES	
STREET ADDRESS	1306 CONCOURSE DR., STE. 401		4.3 STREET ADDRESS	5800 EMBLER DRIVE	
CITY-ST-ZIP	LINTHICUM MD 21090-1032		4.4 CITY-ST-ZIP	MISSISSAUGA, ONTARIO L4W 4J4 CANADA	
TITLE	V	☒ DELETE	5.1 TITLE	V/T/S	☒ Change ☐ Addition
NAME	DAVIDSON, JAMES		5.2 NAME	CONWAY LAPONTE, MARY	
STREET ADDRESS	1306 CONCOURSE DR., STE. 401		5.3 STREET ADDRESS	990 STEWART AVENUE	
CITY-ST-ZIP	LINTHICUM MD 21090-1032		5.4 CITY-ST-ZIP	GARDEN CITY, NY 11530	
TITLE	ST	☒ DELETE	6.1 TITLE	ASST. S	☐ Change ☒ Addition
NAME	FLOOD, BRIAN P		6.2 NAME	SALLAY, TIBOR	
STREET ADDRESS	1306 CONCOURSE DR., STE. 401		6.3 STREET ADDRESS	342 MADISON AVENUE, SUITE 1400	
CITY-ST-ZIP	LINTHICUM MD 21090-1032		6.4 CITY-ST-ZIP	NEW YORK, NY 10173	

CR2E034 (10/97)

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.

SIGNATURE: Tibor Sallay Tibor Sallay 2/2/98 212-682-3363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #