

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005218

Entity Name: CROWLEY LOGISTICS, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

9487 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

155 GRAND AVE., 7TH FLOOR
OAKLAND, CA 94612

New Mailing Address:

FEI Number: 94-3300399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCOB () Delete
Name: CROWLEY, THOMAS B JR
Address: 155 GRAND AVENUE
City-St-Zip: OAKLAND, CA 94612

Title: D () Delete
Name: VERDON, WILLIAM P
Address: 155 GRAND AVENUE
City-St-Zip: OAKLAND, CA 94612

Title: SVPD () Delete
Name: HOURIHAN, JOHN
Address: 9487 REGENCY SQUARE BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: T () Delete
Name: MARUCCO, ALBERT M
Address: 155 GRAND AVE., 7TH FLOOR
City-St-Zip: OAKLAND, CA 94612

Title: CS () Delete
Name: LOVE, BRUCE
Address: 155 GRAND AVE., 7TH FLOOR
City-St-Zip: OAKLAND, CA 94612

Title: AT () Delete
Name: SWINTON, RICHARD L
Address: 155 GRAND AVE., 7TH FLOOR
City-St-Zip: OAKLAND, CA 94612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVPD (X) Change () Addition
Name: SCHEPEN, RINUS
Address: 9487 REGENCY SQUARE BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LOVE, BRUCE
Address: 155 GRAND AVE., 7TH FLOOR
City-St-Zip: OAKLAND, CA 94612

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE LOVE

S

04/25/2005

Electronic Signature of Signing Officer or Director

Date