

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 12, 2001 08:00 AM****Secretary of State****DOCUMENT # F99000002876**1. Entity Name  
APS LOGISTICS INC.**Principal Place of Business**

401 E. PRATT STREET, SUITE 1344

BALTIMORE  
21202

MD

**Mailing Address**

401 E. PRATT STREET, SUITE 1344

BALTIMORE  
21202

MD

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****52-2178027**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CORPORATION SERVICE COMPANY  
1201 HAYS STREETTALLAHASSEE  
323012525

US

FL

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

**07/12/2001**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	SCFO	<input type="checkbox"/> Delete
NAME	STACEY MICHAEL A	
STREET ADDRESS	1344 WORLD TRADE CTR	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	TIPTON DOUGLAS W	
STREET ADDRESS	1344 WORLD TRADE CTR	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	SCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACEY MICHAEL A	
STREET ADDRESS	401 E. PRATT ST., SUITE 1344	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIPTON DOUGLAS W	
STREET ADDRESS	401 E. PRATT ST., SUITE 1344	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: MICHAEL A. STACEY**

CFO

07/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)