## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 28, 2008 8:00 am Secretary of State

DOCUMENT # L10687  1. Entity Name APL LOGISTICS PROPERTIES, INC.						05-28-20	08 9001	5 020 ***	150.00	
Principal Place of Business 1301 RIVERPLACE BLVD 1200 JACKSONVILLE, FL 32207 US		Mailing Address TAX DEPT 1111 BROADWAY OAKLAND, CA 94607	JS		* * * * * * * * * * * * * * * * * * *					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		* #						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04212008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State			4. FEI Numb 59-296			, <del> , , , , , , , , , , , , , , , , , , </del>	plied For t Applicable	
Zip	Country	Zip (	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	egistered	Agent		
				Name						
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST.			Street A	Street Address (P.O. Box Number is Not Acceptable)						
STE. 105 TALLAHASSEE, FL 32301										
			City	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. I am familiar with, and accept the obligations of registered agent.								and accept		
mie oonganone on regieceitt agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CANNON, DOUGLAS 1111 BROADWAY OAKLAND, CA 94607	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAT	HERINE BROAD	SROKER/THEN THOMSE WAY LA 9460	. N	☐ Change	Addition	
TITLE	SD	☐ Delete	TITLE	ر <u>برن</u>	100,000			Change	Addition	
NAME	HASSE, ANN F	_ 0000	NAME							
STREET ADDRESS	1111 BROADWAY		STREET ADDRESS							
CITY-\$1-ZIP	OAKLAND, CA 94607		CITY-ST-ZIP							
TITLE	RFO CIAR	☐ Detete	TITLE	C.				Change	☐ Addition	
NAME STREET ADDRESS	SDH KAM GIAP 1111 BROADWAY		NAME STREET ADDRESS	201	1, KM 91	ΗÞ				
CITY-ST-ZIP	OAKLAND, CA 94607		CITY-ST-ZIP							
TITLE	PCED	☐ Delete	TITLE					☐ Change	Addition	
NAME	VILLALON, WILLIAM		NAME							
STREET ADDRESS	1111 BROADWAY		STREET ADDRESS							
CITY-ST-ZIP	OAKLAND, CA 94607		CITY-ST-ZIP	<del>  -</del>					Annalista :	
) TITLE NAME	AS HUEGEL, PETER A.V.	☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS	1111 BROADWAY		STREET ADDRESS							
CITY-ST-ZIP	OAKLAND, CA 94067		CITY-ST-ZIP					·		
TITLE		☐ Delete	TITLE		LTOR			☐ Change	Addition	
NAME			NAME	BRI	AN T. L	MTT				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1///	BROAL	CA 9460	7			
0111-31-71			O(+1-31-6E	0747	CLAND,	יייי דייי				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SELRETARY 4

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

129/08

(510) 272-8000 Daytima Phone •