## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## Apr 11, 2005 8:00 am Secretary of State **DOCUMENT #.M00000001085** 04-11-2005 90050 002 \*\*\*\*50.00 1. Entity Name HORIZON LINES, LLC Principal Place of Business Mailing Address 20028749 2101 RÉXFORD RD., SUITE 350 WEST 2101 REXFORD RD., SUITE 350 WEST CHARLOTTE, NC 28211 CHARLOTTE, NC 28211 2. Principal Place of Business 3. Mailing Address 4064 Colony 1061 C Suite, Apt. #, etc. Suite, Apt. #, etc. 02242005 Chg-LLC CR2E083 (10/03) <u>Suite</u> City & State 4. FEI Number Applied For NC harlotte NC 56-2098440 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES PCEO LAYMOND, CHARGES **PCEO** TITLE ☐ Delete TITLE Change ☐ Addition RAYMOND, CHARLES G NAME NAME 4064 COLONY ROAD Suite 200 CHARLOTTE, NC 28211 STREET ADDRESS 2101 REXFORD RD., SUITE 350 W. STREET ADDRESS CHARLOTTE, NC 28211 CITY-ST-ZIP CITY-ST-ZIP SENIOR VICE PRESIDENT TITLE ☐ Delete URBANIA, M. MARK urbania, m. mark NAME NAME 406 + colony ROAD, Seule 200 STREET ADDRESS 2101 REXFORD RD., SUITE 350 W. STREET ADDRESS CITY-ST-ZIP CHARLOTTE, NC 28211 CITY-ST-ZIP CHARLOTTE TITLE VCIO Delete TITLE ☐ Change ■ Addition KESSLER, RICKY A NAME NAME STREET ADDRESS 4100 ALPHA RD ST 700 STREET ADDRESS CITY-ST-7IP DALLAS, TX 75244 CITY-ST-ZIP SENIOR VICE PRESIDENT, COO Change ☐ Delete TITEF ☐ Addition KEENAN, JOHN V KEENAN, JOHN V NAME NAME 4100 ALPHARD, STO 700 STREET ADDRESS 4100 ALPHA RD STE 700 STREET ADDRESS DALLAS, TX 75244 CITY-ST-ZIP CITY-ST-ZIP DALLAS, TX 252 44 TITLE Delete Change TITLE ☐ Addition ZUCKERMANI, ROBERT S ZUCKERMAN, ROBERT S NAME NAME 2101 REXFORD RD., SUITE 350 W. 4064 COLONY ROAD, STG 200 STREET ADDRESS STREET ADDRESS CHARLOTTE, NC 28211 CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE INC28211 VICE PRESIDENT, CONTROLLER AS ET TREMUNER Change TITLE ☐ Delete BLAKENSHIP, MARK R NAME NAME STREET ADDRESS 2101 REXFORE RD STE 700 STREET ADDRESS 4064 COLOMY ROAD STE CHARLOTTE, NC 24211 200 CITY-ST-ZIP CHARLOTTE, NC 28215 CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED