

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90050 002 *****50.00

20028749



02242005 Chg-LLC CR2E083 (10/03)

4. FEI Number
56-2098440
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**
**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	PCEO	☐ Delete	TITLE	PCEO	☒ Change ☐ Addition
NAME	RAYMOND, CHARLES G		NAME	RAYMOND, CHARLES G	
STREET ADDRESS	2101 REXFORD RD., SUITE 350 W.		STREET ADDRESS	4064 COLONY ROAD Suite 200	
CITY-ST-ZIP	CHARLOTTE, NC 28211		CITY-ST-ZIP	CHARLOTTE, NC 28211	
TITLE	V	☐ Delete	TITLE	SENIOR VICE PRESIDENT	☒ Change ☐ Addition
NAME	URBANIA, M. MARK		NAME	URBANIA, M. MARK	
STREET ADDRESS	2101 REXFORD RD., SUITE 350 W.		STREET ADDRESS	4064 COLONY ROAD, Suite 200	
CITY-ST-ZIP	CHARLOTTE, NC 28211		CITY-ST-ZIP	CHARLOTTE, NC 28211	
TITLE	VCIO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KESSLER, RICKY A		NAME		
STREET ADDRESS	4100 ALPHA RD ST 700		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75244		CITY-ST-ZIP		
TITLE	VC	☐ Delete	TITLE	SENIOR VICE PRESIDENT, COO	☒ Change ☐ Addition
NAME	KEENAN, JOHN V		NAME	KEENAN, JOHN V	
STREET ADDRESS	4100 ALPHA RD STE 700		STREET ADDRESS	4100 ALPHA RD, STE 700	
CITY-ST-ZIP	DALLAS, TX 75244		CITY-ST-ZIP	DALLAS, TX 75244	
TITLE	VS	☐ Delete	TITLE	VS	☒ Change ☐ Addition
NAME	ZUCKERMAN, ROBERT S		NAME	ZUCKERMAN, ROBERT S	
STREET ADDRESS	2101 REXFORD RD., SUITE 350 W.		STREET ADDRESS	4064 COLONY ROAD, STE 200	
CITY-ST-ZIP	CHARLOTTE, NC 28211		CITY-ST-ZIP	CHARLOTTE, NC 28211	
TITLE	ATC	☐ Delete	TITLE	VICE PRESIDENT, CONTROLLER + ASST. TREASURER	☒ Change ☐ Addition
NAME	BLAKENSHIP, MARK R		NAME	BLAKENSHIP, MARK R.	
STREET ADDRESS	2101 REXFORD RD STE 700		STREET ADDRESS	4064 COLONY ROAD STE 200	
CITY-ST-ZIP	CHARLOTTE, NC 28215		CITY-ST-ZIP	CHARLOTTE, NC 28211	

DOCUMENT # M00000001085

1. Entity Name
HORIZON LINES, LLC



Principal Place of Business
2101 REXFORD RD., SUITE 350 WEST
CHARLOTTE, NC 28211

Mailing Address
2101 REXFORD RD., SUITE 350 WEST
CHARLOTTE, NC 28211

2. Principal Place of Business
1064 Colony Road
Suite, Apt. #, etc.
Suite 200
City & State
Charlotte, NC
Zip
28211 Country

3. Mailing Address
1064 Colony Road
Suite, Apt. #, etc.
Suite 200
City & State
Charlotte, NC
Zip
28211 Country

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

**Filing Fee is \$50.00
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CITY-ST-ZIP	DALLAS, TX 75244		CITY-ST-ZIP		
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CITY-ST-ZIP	DALLAS, TX 75244		CITY-ST-ZIP	DALLAS, TX 75244	
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TITLE	ATC	☐ Delete	TITLE	VICE PRESIDENT, CONTROLLER + ASST. TREASURER	☒ Change ☐ Addition
NAME	BLAKENSHIP, MARK R		NAME	BLAKENSHIP, MARK R.	
STREET ADDRESS	2101 REXFORD RD STE 700		STREET ADDRESS	4064 COLONY ROAD STE 200	
CITY-ST-ZIP	CHARLOTTE, NC 28215		CITY-ST-ZIP	CHARLOTTE, NC 28211	

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: Robert S. Zuckerman **ROBERT S. ZUCKERMAN** 4/5/05 704-973-7012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #