


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90029 005 ****50.00

DOCUMENT # M99000001270 1. Entity Name WALLINIUS WILHELMSEN LOGISTICS AMERCAS, LLC	
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Principal Place of Business 188 BROADWAY WOODCLIFF LAKE, NJ 07675	Mailing Address 188 BROADWAY WOODCLIFF LAKE, NJ 07675
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60053756



07052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3659198	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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 _____
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
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONNOR, CHRISTOPHER J 188 BROADWAY WOODCLIFF LAKE, NJ 07675
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONATON, DON 188 BROADWAY WOODCLIFF LAKE, NJ 07675
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO-V.P. Jan Saeboe 188 Broadway Woodcliff Lake, NJ 07675.
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. 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 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:


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

7/24/07

Date

Daytime Phone #