FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 25 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01462 (1)

1. Corporation Name

HAMILTON TERMINAL CORPORATION

Principal Place of Business	Mailing Address
399 HOES LANE TAX DEPT PISCATAWAY NJ 08854 US	399 HOEW LANE TAX DEPT PISCATAWAY NJ 08854 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/02/1984	05/17/1994

2. Principal Place of Business	2a. Mailing Address
21	26 399 Hoes Lane
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 13-5625604 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City **FL** 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	LEPERE, FERDINAND V	12 NAME	ULRICH KRANICH	
STREET ADDRESS	ONE EDGE WATER PLAZA	13 STREET ADDRESS	399 HOES LANE	
CITY-ST-ZIP	STATEN ISLAND NY	14 CITY-ST-ZIP	PISCATAWAY NJ 08854	
TITLE	VP	21 TITLE	VP / DIRECTOR	☒ Change ☐ Addition
NAME	GEBHARDT, JUERGEN	22 NAME	ANTHONY CASTELLANO	
STREET ADDRESS	ONE EDGE WATER PLAZA	23 STREET ADDRESS	399 HOES LANE	
CITY-ST-ZIP	STATEN ISLAND NY	24 CITY-ST-ZIP	PISCATAWAY NJ 08854	
TITLE	C	31 TITLE	CHAIRMAN	☒ Change ☐ Addition
NAME	PINNOW, WERNER	32 NAME	JUERGEN MANEKE	
STREET ADDRESS	ONE EDGEWATER PLAZA	33 STREET ADDRESS	399 HOES LANE	
CITY-ST-ZIP	STATEN ISLAND NY	34 CITY-ST-ZIP	PISCATAWAY, NJ 08854	
TITLE	D	41 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	LEPERE, FERDINAND V.	42 NAME	RENEE CUCURULLO	
STREET ADDRESS	ONE EDGEWATER PLAZA	43 STREET ADDRESS	399 HOES LANE	
CITY-ST-ZIP	STATEN ISLAND NY	44 CITY-ST-ZIP	PISCATAWAY, NJ 08854	
TITLE	ST	51 TITLE	SEC-TREAS / DIRECTOR	☒ Change ☐ Addition
NAME	CASTELLAND, A	52 NAME	MICHAEL A. STILLMAN	
STREET ADDRESS	399 HOES LANE	53 STREET ADDRESS	399 HOES LANE	
CITY-ST-ZIP	PISCATAWAY NJ	54 CITY-ST-ZIP	PISCATAWAY, NJ 08854	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added by an attached amendment, or on an attached report with an address.

SIGNATURE: Michael Stillman Michael Stillman 4/18/95 9085056118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0398007 FP