## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1	1996	DIVISION OF C	CORPORATIO	ONS				
OCUN Corporation	MENT # P1350	1 (2)						
P&O C	ONTAINERS (AGENGIES) II	NC.						
. 4.0	• • • • • • • • • • • • • • • • • • • •							
rincipal Place of Business		Mailing Address				/101	TIEN TIEN	OLDH BLOU 1881
ONE MEADOWLANDS PLAZA		ONE MEADOWLANDS PLAZA						
EAST RUTHER	RFORD NJ 07073	EAST RUTHERFORD NJ	07073			<del>,</del>		····
					<ol> <li>Date Incorporated or Qualified</li> <li>03/06/1987</li> </ol>		of Last Re 1/03/199	•
Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number			Applied For
		26			22-2785152		<del></del>	Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		· · · · ·	Additional Required
City & State		City & State		6. Election Campaign Financing				
		28			Trust Fund Contribution			to Fees
Zipi	Country 25	Zip 29	Country 30	1	8. This corporation has liability for Florida Statutes	orintangible tax es 🔲 No	( under s	199.032,
	g. Name and Address of Curren	1 1	100		10. Name and Address of New	Registered A	gent	
			81	Name				
	E-HALL CORPORATION SYSTE	M, INC.	82	Street Add	ress (P.O. Box Number is Not Accept	able)		
1201 HA SUITE 10	iyes street		83				<del></del> -	****
TALLAHASSEE FL 32301			84	City			85 Zip	o Code
						FL	1.1	
<ul> <li>or registere</li> </ul>	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	ta. Such change was authorize	d by the corp	poration's boa	rd of directors. I hereby accept the ap	pointment as i	registered	agent. I am
ignature	Signature, typed or printed name of registered agent	and the Lappis abla (NOI	L: Rogistered Age	nt signature require	ed when reinstating)	DATE		
	OFFICERS AND	D DIRECTORS	13.	·	ADDITIONS/CHANGES TO O			
Lf	PD PANION O 1	☐ DELETE	1 1 TITLE			L	] Change	Addition
ME HELT ADDRESS	RANKIN, C. J. ONE MEADOWLANDS PLAZA	<b>\</b>	1.2 NAME	T ADDRESS				
TY-ST-ZIP	E. RUTHERFORD NJ	•	1.4 CITY-					
T. F	SVD	DELETE	2 1 TITLE				] Change	☐ Addition
AME	SWEEDLUND, O. A.		2.2 NAME					
REFT ADORESS   TY-ST-ZIP	ONE MEADOWLAND PLAZA E. RUTHERFORD NJ		2 3 STREE 2 4 City -	T ADORESS				
1-51-21F	S	☐ DELETE	3 1 TITLE				Change	Addition
Mê	CONNARD, CARROLL S.		3 2 NAME	l.				
REET ADDRESS	ONE MEADOWLAND PLAZA			ET ADDRESS				
TY-ST-7iP	E. RUTHERFORD NJ VPT	DELETE	3.4 CITY - 4.1 TITLE				Change	Addition
AME	SHAHBAZIAN, P. L.	_	4.2 NAME					
KEFT ADDRESS	ONE MEADOWLAND PLAZA		4.3 STREE	T ADDRESS				
TY-ST ZIP	E. RUTHERFORD NJ	☐ DELETE	4.4 CITY -				7 Change	Addition
ILE IMF	VP   HARDING, C.O.		5. 1 TITLE 5.2 NAME	1		L	_ 5a.igv	
IMP HEET ADDRESS	ONE MEADOWLAND PLAZA			T ADDRESS				
ITY - ST - ZIP	E. RUTHERFORD NJ		5 4 CITY-	ST-ZIP			<b>3</b> c:	F
TLF	D	DELETE	6 1 1111.6				Change	Addition
IME	BISHOP, STEPHEN ONE MEADOWLANDS PLAZ	Δ.	6.2 NAME	ET ADDRESS				
THEE! ADDRESS HTY-ST-ZIP	E RUTHEREORD NJ		6 4 CITY	-S1-21P				
4. I do hereb	y certify that the information supplied	uel rapad or cupalamantal ana	ished and do	es not qualify	ate and that my signature shall have :	me same lecar	HINECT BS I	n made drider
oath: that	Lam an officer or director of the corpo	oration or the receiver or trustee	e empowered	i to execute th	his report as required by Chapter 607	, Florida Statut	es; and th	at my name
appears in	Block 12 or Block 13 if changed, or						,	
SIGNAT	URE: (un U)	PRINTED NAME OF SIGNING OFFICE	gecke <sub>7</sub>	ary	2-9-96 26	1 896	620	0
	DIGNATURE AND TYPED O	IL LUMITED HAME OF SIDURING OFFICE	OII DINECTO	•		_		