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 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P20570** **(8)**

1. Corporate Name

REEFER EXPRESS LINES PTY. LIMITED CORPORATION

Principal Place of Business:
5 BECKER FARM RD
PO BOX HM 1179
ROSELAND NJ 07068
US

Mailing Address:
5 BECKER FARM RD
P.O. BOX HM 1179
ROSELAND NJ 07068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1988

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 22-2242728 — Applied For / Not Applicable

Suite, Apt. #, etc. — 22 / Suite, Apt. #, etc. — 27

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

City & State — 23 / City & State — 28

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

Zip — 24 / County — 25 / Zip — 29 / County — 30

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — FL — 85 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: (Signature of Officer or Director required if applicable) (Signature of New Registered Agent required in all cases) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	SUGAHARA, KAYTARO G.	1.2 NAME	
STREET ADDRESS	277 PARK AVENUE	1.3 STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY	1.4 CITY, ST, ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	SUGAHARA, BYRON M.	2.2 NAME	
STREET ADDRESS	5 BECKER FARM ROAD	2.3 STREET ADDRESS	
CITY, ST, ZIP	ROSELAND NJ	2.4 CITY, ST, ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	VALVANO, DANIEL M	3.2 NAME	
STREET ADDRESS	5 BECKER FARM RD.	3.3 STREET ADDRESS	
CITY, ST, ZIP	ROSELAND NJ	3.4 CITY, ST, ZIP	
TITLE	VT	4.1 TITLE	☐ Change ☐ Addition
NAME	HIRSCHLER, ALEX	4.2 NAME	
STREET ADDRESS	5 BECKER FARM ROAD	4.3 STREET ADDRESS	
CITY, ST, ZIP	ROSELAND NJ	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, F CHESLEY	5.2 NAME	
STREET ADDRESS	41 CEDAR AVE.	5.3 STREET ADDRESS	
CITY, ST, ZIP	HAMILTON, BERMUDA	5.4 CITY, ST, ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	SIVIGLIA, PETER	6.2 NAME	
STREET ADDRESS	750 LEXINGTON AVE.	6.3 STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY	6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 above with an office held.

SIGNATURE: [signature] 4/26/95 (201) 740-0740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COMMA FP