

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90086 026 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P24025

1. Corporation Name
UNION TRANSPORT CORPORATION



Principal Place of Business Mailing Address
 1660 WALT WHITMAN ROAD 1660 WALT WHITMAN ROAD
 MELVILLE NY 11747 MELVILLE NY 11747
 US US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
04/21/1989
 4. FEI Number Applied For
11-2394887 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THORRINGTON, PETER | 1.2 NAME | |
| STREET ADDRESS | READING CARGO CENTRE HYPERION WAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROSE KILN LA READING UK | 1.4 CITY-ST-ZIP | |
| TITLE | VPT <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARENDESE, THURSO | 2.2 NAME | |
| STREET ADDRESS | 1660 WALT WHITMAN ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELVILLE NY | 2.4 CITY-ST-ZIP | Zip code = 11747 |
| TITLE | P <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACFARLANE, ROGER | 3.2 NAME | |
| STREET ADDRESS | 9443 LAUREL PARK RD, SUITE 107 | 3.3 STREET ADDRESS | 19443 Laurel Park Rd, Suite 107 |
| CITY-ST-ZIP | RANCHO DOMINGUEZ CA | 3.4 CITY-ST-ZIP | Zip code = 90220 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACFARLANE, ROGER | 4.2 NAME | |
| STREET ADDRESS | 9443 LAUREL PARK ROAD, SUITE 107 | 4.3 STREET ADDRESS | 19443 Laurel Park Rd, Suite 107 |
| CITY-ST-ZIP | RANCHO DOMINGUEZ CA | 4.4 CITY-ST-ZIP | Zip code = 90220 |
| TITLE | S <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAVARESE, STEVE | 5.2 NAME | |
| STREET ADDRESS | 30 RAILROAD STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | REVERE MA | 5.4 CITY-ST-ZIP | Zip code = 02150 |
| TITLE | T <input type="checkbox"/> DELETE | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIAMETTA, LINDA | 6.2 NAME | |
| STREET ADDRESS | 1660 WALT WHITMAN ROAD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELVILLE NY | 6.4 CITY-ST-ZIP | Zip code = 11747 |

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Giametta* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **516-755-3500**

CR2E034 (11/98)