**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

~~1996~~ 1997

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

FILED

97 MAY 12 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P25774 (1)

Corporate Name

AMADEL TRANSPORTATION CO., INC.

Principal Place of Business

PLAZA 2
34 EXCHANGE PLACE
JERSEY CITY NJ 07302

Mailing Address

800 PLAZA TWO, 8TH FLOOR
HARBORSIDE FINANCIAL CENTER
JERSEY CITY NJ 07311-3991
US

3. Date Incorporated or Qualified: 08/22/1989

3a. State of Last Report: 01/20/1995

Principal Place of Business: 1776 On-The-Green

2a. Mailing Address: c/o PANALPINA, INC.

4. FEI Number: 13-5548333 — Applied For / Not Applicable

Suite, Apt. #, etc.: 67 Park Place

Suite, Apt. #, etc.: 1776 On-The-Green

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

City & State: Morristown, NJ

City & State: 67 Park Place

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

Zip: 07960-7103 Country: 25

Zip: 07960-7103 Country: New Jersey 30

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

9. Name and Address of Current Registered Agent

ZACH, ROLAND
C/O PANALPINA
2100 N.W. 84TH AVE.
MIAMI FL 33122

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

Pursuant to the provisions of Sections 607.0502 and 607.0505, 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 the date) NOTE: Registered agent signature required when changing DATE

OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES AND DELETIONS TO OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| PTD | ☐ DELETE | 1.1 TITLE |
| ALTORFER, ROLF | | 1.2 NAME |
| 21 DOGWOOD DR | | 1.3 STREET ADDRESS |
| BROOKSIDE NJ | | 1.4 CITY-ST-ZIP |
| SD | ☐ DELETE | 2.1 TITLE |
| BLATTNER, EDWARD W. | | 2.2 NAME |
| 1530 N. KEY BLVD. | | 2.3 STREET ADDRESS |
| ROSSLYN VA | | 2.4 CITY-ST-ZIP |
| | ☐ DELETE | 3.1 TITLE |
| | | 3.2 NAME |
| | | 3.3 STREET ADDRESS |
| | | 3.4 CITY-ST-ZIP |
| | ☐ DELETE | 4.1 TITLE |
| | | 4.2 NAME |
| | | 4.3 STREET ADDRESS |
| | | 4.4 CITY-ST-ZIP |
| | ☐ DELETE | 5.1 TITLE |
| | | 5.2 NAME |
| | | 5.3 STREET ADDRESS |
| | | 5.4 CITY-ST-ZIP |
| | ☐ DELETE | 6.1 TITLE |
| | | 6.2 NAME |
| | | 6.3 STREET ADDRESS |
| | | 6.4 CITY-ST-ZIP |

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****165.00 ****105.00

CR2E084 (12/95)

MB 5-13-97

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)(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 if changed, or on an attachment with an address.

SIGNATURE: Rolf Altorfer, President 5/8/97 4/8/97 201-683-9000

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