

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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P29144** (3)
1. Corporation Name
P & O NEDLLOYD LIMITED CORPORATION



Principal Place of Business Mailing Address
ONE MEADOWLANDS PLAZA **ONE MEADOWLANDS PLAZA**
EAST RUTHERFORD NJ 07073 **EAST RUTHERFORD NJ 07073**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/25/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		98-0106880	
24 Country		29 Country		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET STE. 105 TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RANKIN, C.J.			1.2 NAME			
STREET ADDRESS	ONE MEADOWLANDS PLAZA			1.3 STREET ADDRESS			
CITY - ST - ZIP	E RUTHERFORD NJ			1.4 CITY - ST - ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BISHOP, STEPHEN			2.2 NAME	VP		
STREET ADDRESS	ONE MEADOWLANDS PLAZA			2.3 STREET ADDRESS	Peter, J. Dingemans		
CITY - ST - ZIP	EAST RUTHERFORD NJ			2.4 CITY - ST - ZIP	One Meadowlands Plaza, E. Rutherford, NJ		
TITLE	AS	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONNARD, C.S.			3.2 NAME	Treasurer		
STREET ADDRESS	ONE MEADOWLANDS PLAZA			3.3 STREET ADDRESS	Paul L. Shahbazian		
CITY - ST - ZIP	EAST RUTHERFORD NJ			3.4 CITY - ST - ZIP	One Meadowlands Plaza, E. Rutherford, NJ		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOODS, R.B.			4.2 NAME			
STREET ADDRESS	ONE MEADOWLANDS PLAZA			4.3 STREET ADDRESS			
CITY - ST - ZIP	EAST RUTHERFORD NJ			4.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRIS, T.C.			5.2 NAME			
STREET ADDRESS	ONE MEADOWLANDS PLAZA			5.3 STREET ADDRESS			
CITY - ST - ZIP	EAST RUTHERFORD NJ			5.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NEWTON, J.T.			6.2 NAME	D		
STREET ADDRESS	ONE MEADOWLANDS PLAZA			6.3 STREET ADDRESS	P.A. Walker		
CITY - ST - ZIP	EAST RUTHERFORD NJ			6.4 CITY - ST - ZIP	One Meadowlands Plaza, E. Rutherford, NJ		

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.

CR2E034 (10/97)

1-22-98