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

1 AM 9:43

OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P31908** **(7)**

1. Corporation Name

TOTAL DISTRIBUTION SERVICES, INC.

Principal Place of Business	Mailing Address
550 WATER ST J900 JACKSONVILLE FL 32202 US	500 WATER STR S/C J160 JACKSONVILLE FL 32202 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/10/1990**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **52-1321151** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No see note below

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 85 Zip Code

NOTE: This company is included in a consolidated intangible personal property tax return filed on behalf of CSX Corporation and Consolidated Affiliates, FEIN 62-[illegible]51971

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 _____ (DATE)
(Signature of new registered agent, if any) (Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	O	11 TITLE	XX Change ☐ Addition
NAME	BENDER, WILLIAM	12 NAME	Director Kulik, D. G.
STREET ADDRESS	9485 REGENCY SQUARE BLVD STE 500	13 STREET ADDRESS	9485 Regency Square Boulevard
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Jacksonville, FL 32285
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	REARDON, D K	22 NAME	
STREET ADDRESS	550 WATER STR	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	AFTOORA, P J	32 NAME	
STREET ADDRESS	50 WATER ST	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	TC	41 TITLE	XX Change ☐ Addition
NAME	SANFORD, J.C.	42 NAME	Treasurer and Controller
STREET ADDRESS	550 WATER STR	43 STREET ADDRESS	Vacant
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SANDLER, P. D.	52 NAME	
STREET ADDRESS	500 WATER ST.	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. 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)(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 added by an attachment with an asterisk.

SIGNATURE: Patricia J. Aftoora — February 24, 1995 (904) 366-4242
(SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR) (Title) (Daytime Phone #)

Patricia J. Aftoora, Corporate Secretary

0013000 CP