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FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P32369

(1)

1. Corporation Name

MERCANTILE LOGISTICS INC.



Principal Place of Business

GIRALDA FARMS  
MADISON AVENUE  
MADISON NJ 07940-0880

Mailing Address

GIRALDA FARMS  
MADISON AVENUE  
MADISON NJ 07940  
TAX Dept.

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/03/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

22-2904364

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

6. This corporation has liability for intangible tax under s. 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME NIELSEN, H. B  
STREET ADDRESS GIRALDA FARMS, MADISON AVE  
CITY-ST-ZIP MADISON NJ

TITLE V  
NAME SCAPPATORI, FRANK  
STREET ADDRESS GIRALDA FARMS, MAD. AVE.  
CITY-ST-ZIP MADISON NJ

TITLE S  
NAME PATTERSON, SUSAN  
STREET ADDRESS GIRALDA FARMS, MAD. AVE.  
CITY-ST-ZIP MADISON NJ

TITLE D  
NAME THOMSEN, TOMMY  
STREET ADDRESS GIRALDA FARMS, MAD. AVE.  
CITY-ST-ZIP MADISON NJ

TITLE CD  
NAME BROWN, CLARK E  
STREET ADDRESS GIRALDA FARMS, MAD. AVE.  
CITY-ST-ZIP MADISON NJ

TITLE D  
NAME BRUNER, J R  
STREET ADDRESS GIRALDA FARMS, MADISON AVE  
CITY-ST-ZIP MADISON NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME H. Les Carmichael  
1.3 STREET ADDRESS Giralda Farms, Madison Ave.  
1.4 CITY-ST-ZIP Madison, N.J. 07940

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE Chairman, Directors  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE Director  
5.2 NAME Lars R. Jakobsen  
5.3 STREET ADDRESS 31 Mory Lane  
5.4 CITY-ST-ZIP Randolph Twp., NJ 07869

6.1 TITLE Director  
6.2 NAME Kurt M. McElroy  
6.3 STREET ADDRESS 11 Van Dwyne Road  
6.4 CITY-ST-ZIP Mountain Lakes, NJ 07046

14. I do 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.

SIGNATURE:

*[Signature]*

4/26/97 (201)514-5700

CR2E034 (9/96)