

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90262 014 ***150.00

DOCUMENT # P35651

1. Entity Name

KOG TRANSPORT, INC.

Principal Place of Business

**377 BROADWAY
 NEW YORK NY 10013**

Mailing Address

**377 BROADWAY
 NEW YORK NY 10013**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3076261**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCHULTZ, THORSTEN
 C/O KOG TRANSPORT INC
 7392 NW 35 TERRACE
 MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name **THAMARA GARCIA C/O KOG TRANSPORT, INC.**

Street Address (P.O. Box Number is Not Acceptable)
7392 NW 35TH TERRACE

City **MIAMI,**

FL

Zip Code **33122**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **THAMARA GARCIA**

04/03/01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **DPT OSMERS, JUERGEN**
 STREET ADDRESS **245 E 93 ST**
 CITY-ST-ZIP **NEW YORK NY**

TITLE Change Addition
 NAME **OSMERS, JUERGEN**
 STREET ADDRESS **2 EAST END AVENUE, PH-C**
 CITY-ST-ZIP **NEW YORK, N.Y. 10021**

TITLE Delete
 NAME **C OSMERS, JUERGEN**
 STREET ADDRESS **245 EAST 93RD ST.**
 CITY-ST-ZIP **NEW YORK NY**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D GROSSKOPF, HANS**
 STREET ADDRESS **UERDINGER STRASSE 56**
 CITY-ST-ZIP **GERMANY**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D GUBLER, ROLF**
 STREET ADDRESS **ALPENSTRASSE 11**
 CITY-ST-ZIP **SWITZERLAND**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S COULTAUS, WILLIAM**
 STREET ADDRESS **70-19 65 PLACE**
 CITY-ST-ZIP **GLENDALE NY**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WILLIAM COULTAUS**

04/03/01

212-226-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)