

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P38933** (8)
1. Corporation Name
SEA-LAND LOGISTICS, INC.



Principal Place of Business
**150 ALLEN RD.
LIBERTY CORNER NJ 07938
US**

Mailing Address
**901 E CARY ST
RICHMOND VA 23219
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 6000 Carnegie Blvd.		26 500 Water Street		05/19/1992	05/11/1995
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 Charlotte, NC		28 Jacksonville, FL		59-2863365	Not Applicable
24 28209		25 USA		5. Certificate of Status Desired	\$8.75 Additional Fee Required
26 32202		27 USA		6. Election Campaign Financing	\$5.00 May Be Added to Fees
28 32202		29 USA		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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

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, if applicable)

(NOTE: Registered Agent's signature required when changing state)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPM	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, T. B	1.2 NAME	
STREET ADDRESS	150 ALLEN RD	1.3 STREET ADDRESS	6000 Carnegie Blvd.
CITY-ST-ZIP	LIBERTY CORNER NJ	1.4 CITY-ST-ZIP	Charlotte, NC
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALLE, R.	2.2 NAME	
STREET ADDRESS	150 ALLEN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIBERTY CORNER NJ	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARACE, M. F JR.	3.2 NAME	
STREET ADDRESS	10407 CENTURION PKWY, N.	3.3 STREET ADDRESS	6000 Carnegie Blvd.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Charlotte, NC
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLETON, W. W JR.	4.2 NAME	
STREET ADDRESS	150 ALLEN RD	4.3 STREET ADDRESS	6000 Carnegie Blvd.
CITY-ST-ZIP	LIBERTY CORNER NJ	4.4 CITY-ST-ZIP	Charlotte, NC
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIERSBACH, R. E	5.2 NAME	
STREET ADDRESS	901 E. CARY STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	5.4 CITY-ST-ZIP	
TITLE	VPS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDNICK, A.A.	6.2 NAME	
STREET ADDRESS	901 EAST CARY STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	6.4 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)(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:

L. J. Borntraeger

L. J. Borntraeger,

Tax Officer 4-15-96

904/279-6214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)