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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 23 AM 8:46

DOCUMENT # **P39712** **(5)**

1. Corporation Name

HELLMANN TRANSPORT SERVICES, INC.

Principal Place of Business	Mailing Address
8100 NW 60TH STREET MIAMI FL 33166 US	1500 W. CARSON STREET LONG BEACH CA 90810 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1992
3a. Date of Last Report: 04/06/1994

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

4. FEI Number: 93-1010323 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
C/O C T 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☐ Change ☐ Addition
NAME	BORGESON, GREGG	12 NAME		
STREET ADDRESS	1500 W. CARSON ST., #202	13 STREET ADDRESS		
CITY-ST-ZIP	LONG BEACH CA	14 CITY-ST-ZIP		
TITLE	AS	21 TITLE		☐ Change ☐ Addition
NAME	OUTWIN	22 NAME		
STREET ADDRESS	1500 W. CARSON STREET	23 STREET ADDRESS		
CITY-ST-ZIP	LONG BEACH FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	BERLSTEIN, GEORGE	32 NAME	DAVID LOGAN	
STREET ADDRESS	90 PARK AVE., 15TH FLOOR	33 STREET ADDRESS	1500 W CARSON ST #202	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	LONG BEACH CA 90810	
TITLE	D	41 TITLE	AS	☐ Change ☒ Addition
NAME	HELLMAN, KLAUS	42 NAME	CAROL HENDRICKSON	
STREET ADDRESS	1500 W. CARSON ST., #202	43 STREET ADDRESS	1500 W CARSON ST #202	
CITY-ST-ZIP	LONG BEACH CA	44 CITY-ST-ZIP	LONG BEACH CA 90810	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	HELLMAN, JOST	52 NAME		
STREET ADDRESS	1500 W. CARSON ST., #202	53 STREET ADDRESS		
CITY-ST-ZIP	LONG BEACH CA	54 CITY-ST-ZIP		
TITLE	AS	61 TITLE	AS	☒ Change ☐ Addition
NAME	MALINOWSKI, CASEY	62 NAME	CAROL HENDRICKSON	
STREET ADDRESS	1500 W. CARSON ST., #202	63 STREET ADDRESS	1500 W CARSON ST #202	
CITY-ST-ZIP	LONG BEACH CA	64 CITY-ST-ZIP	LONG BEACH CA 90810	

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 on an attachment with an address.

SIGNATURE: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0491646 FN