

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90267 002 \*\*\*150.00

**DOCUMENT # P98000033161**

1. Entity Name  
APL LOGISTICS OF PUERTO RICO, INC.



Principal Place of Business  
1301 RIVERPLACE BLVD., SUITE 1200  
JACKSONVILLE, FL 32207

Mailing Address  
TAX DEPT  
1111 BROADWAY  
OAKLAND, CA 94607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-3529840

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PCEO / **DIRECTOR** ☐ Delete  
NAME HICKLER, HANS  
STREET ADDRESS 1111 BROADWAY  
CITY-ST-ZIP OAKLAND, CA 94607

TITLE **TAC** ☐ Delete  
NAME WEST, NEAL E  
STREET ADDRESS 1111 BROADWAY  
CITY-ST-ZIP OAKLAND, CA 94607

TITLE **S / DIRECTOR** ☐ Delete  
NAME HASSE, ANN F  
STREET ADDRESS 1111 BROADWAY  
CITY-ST-ZIP OAKLAND, CA 94607

TITLE **V / DIRECTOR** ☐ Delete  
NAME VILLALON, WILLIAM  
STREET ADDRESS 1111 BROADWAY  
CITY-ST-ZIP OAKLAND, CA 94607

TITLE **CFO / DIRECTOR** ☐ Delete  
NAME BRYAN, GLYNIS  
STREET ADDRESS 1111 BROADWAY  
CITY-ST-ZIP OAKLAND, CA 94607

TITLE **AS** ☒ Delete  
NAME CHARRON, KENNETH  
STREET ADDRESS 1111 BROADWAY  
CITY-ST-ZIP OAKLAND, CA 94607

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **ASSISTANT TREASURER**  
STREET ADDRESS **DOUGLAS R. CANNON**  
CITY-ST-ZIP **1111 BROADWAY**  
**OAKLAND, CA 94607**

TITLE ☐ Change ☒ Addition  
NAME **ASSISTANT SECRETARY**  
STREET ADDRESS **KAREN MCGEE**  
CITY-ST-ZIP **1111 BROADWAY**  
**OAKLAND, CA 94607**

TITLE ☐ Change ☒ Addition  
NAME **ASSISTANT SECRETARY**  
STREET ADDRESS **PETER A.V. HUEGEL**  
CITY-ST-ZIP **1111 BROADWAY**  
**OAKLAND, CA 94607**

12. I 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOUGLAS CANNON**

Date

**4/26/04**

Daytime Phone #

**510-272-8000**