

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90418 021 ***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

04062006

Chg-P

CR2E034 (11/05)

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCED	<input checked="" type="checkbox"/> Delete
NAME	HICKLER, HANS	
STREET ADDRESS	1111 BROADWAY	
CITY-ST-ZIP	OAKLAND, CA 94607	
TITLE	TC	<input checked="" type="checkbox"/> Delete
NAME	WEST, NEAL E	
STREET ADDRESS	1111 BROADWAY	
CITY-ST-ZIP	OAKLAND, CA 94607	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HASSE, ANN F	
STREET ADDRESS	1111 BROADWAY	
CITY-ST-ZIP	OAKLAND, CA 94607	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VILLALON, WILLIAM	
STREET ADDRESS	1111 BROADWAY	
CITY-ST-ZIP	OAKLAND, CA 94607	
TITLE	CFOD	<input checked="" type="checkbox"/> Delete
NAME	BRYAN, GLYNIS	
STREET ADDRESS	1111 BROADWAY	
CITY-ST-ZIP	OAKLAND, CA 94607	
TITLE	AT	<input type="checkbox"/> Delete
NAME	CANNON, DOUGLAS R	
STREET ADDRESS	1111 BROADWAY	
CITY-ST-ZIP	OAKLAND, CA 94607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER A.V. HUEGEL	
STREET ADDRESS	1111 BROADWAY	
CITY-ST-ZIP	OAKLAND, CA 94607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT / CEO / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	REGIONAL FINANCE OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SDH KAM GIAP	
STREET ADDRESS	1111 BROADWAY	
CITY-ST-ZIP	OAKLAND, CA 94607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

DOUGLAS CANNON

4/13/06

510-272-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #