

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

ACCEPTED
AND
FILED

MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Meitman
Secretary of State
DIVISION OF CORPORATE AFFAIRS

DOCUMENT # **855548** (4)
I.T.S. CORPORATION

Principal Place of Business: **5280 CARROLL CANYON RD SUITE 310 SAN DIEGO CA 92121-1785**
Mailing Address: **5280 CARROLL CANYON RD SUITE 310 SAN DIEGO CA 92121-1785**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. State: CA		26. State: CA		02/16/1983	05/20/1994
22. City & State		27. City & State		4. FEI Number	Applied For
23. City & State		28. City & State		95-3049194	Not Applicable
24. City & State		29. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. City & State		30. City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26. City & State		31. City & State		7. The corporation has liability for intangible tax under the 1993 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILNE, D. J. 4594 LEXINGTON AVE. #100 JACKSONVILLE FL 32210				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3	City		
				B4	FL	B5	Zip Code

11. Pursuant to the provisions of Section 607.01(1)(b) and 607.01(2)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to a registered office of both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of registered agent in accordance with and subject to the provisions of Section 607.01(2)(b), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADVERTISING, CHANGES, DELETIONS AND ADDITIONS	
OFFICER	NAME	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5280 CARROLL CANYON RD. #310 SAN DIEGO CA	2. NAME	
CITY & STATE	SAN DIEGO CA	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	4. NAME	
STREET ADDRESS	5280 CARROLL CANYON RD., #310 SAN DIEGO CA	5. NAME	
CITY & STATE	SAN DIEGO CA	6. NAME	
OFFICER	NAME	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5280 CARROLL CANYON RD., #310 SAN DIEGO, CA 00000	8. NAME	
CITY & STATE	SAN DIEGO, CA 00000	9. NAME	
OFFICER	NAME	10. NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		11. NAME	
CITY & STATE		12. NAME	
OFFICER	NAME	13. NAME	
STREET ADDRESS		14. NAME	
CITY & STATE		15. NAME	
OFFICER	NAME	16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		17. NAME	
CITY & STATE		18. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on an affidavit filed with an addition.

SIGNATURE: *Roger C. Laubacher* **ROGER C. LAUBACHER** 5-16-95 619-450-1681
(Signature and Typed or Printed Name of Incoming Officer or Director)

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy E. Washam
Secretary of State
1900 BANKERS BUILDING, TALLAHASSEE, FLORIDA 32301

APPROVED AND FILED
MAY 22 1995 10:15
TALLAHASSEE, FLORIDA

DOCUMENT # **855564** (1)
PREFERRED AIR FREIGHT INC.

Principal Place of Business: CARGO BLDG 150 NEWARK NJ 07114
Mailing Address: CARGO BLDG 150 NEWARK NJ 07114

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		26. Mailing Address		3. Date first reported or qualified	3a. Date of Last Report
21. State		25. State		02/17/1983	05/13/1994
22. City & State		27. City & State		4. FE Number	Applied For / Not Applicable
23. City & State		28. City & State		22-2121530	
24. City & State		29. City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
30. City & State		31. City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
32. City & State		33. City & State		B. This corporation has liability for intangible tax under S. 199.035, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301				B1. Name			
				B2. Street Address (P.O. Box Number is Not Acceptable)			
				B3.			
				B4. City, FL , B5. Zip Code			

11. Pursuant to the provisions of Sections 607.02(2) and 607.02(3) 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. The 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 qualifications of Section 607.02(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD SLAUGHTER, FRANKLIN D. 32 EVERDELL ROAD E. ROCKAWAY NY	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE		ZIP CODE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE		ZIP CODE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.02(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the recipient of fiduciary powers to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Franklin D. Slaughter*
FRANKLIN D. SLAUGHTER PRESIDENT/C.E.O.

5/16/95

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

**APPROVED
AND
FILED**

MAY 20 11:10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Benjamin B. Warkentin
Secretary of State
Tallahassee, Florida 32304-0001**

DOCUMENT # 855713 (4)
ARCATA GRAPHICS COMPANY

Principal Office - This Office
SUITE 2100
201 N. CHARLES ST.
BALTIMORE MD 21201

Main Office
SUITE 2100
201 N. CHARLES ST.
BALTIMORE MD 21201

(PLEASE WRITE IN THIS SPACE)

3. Date of Incorporation/Qualified 03/07/1983	3a. Date of Last Report 05/01/1994
4. FEI Number 94-2820401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under 1991 Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Office - This Office	2a. Mailing Address
21. 125 High St.	26. 125 High St.
22. High St. Tower, 23rd Fl.	27. High St. Tower, 23rd Fl.
23. Boston, MA	28. Boston, MA
24. 02110	25. USA
29. 02110	30. USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81. Name N/A
	82. Street Address (P.O. Box Number, Not Acceptable)
	83.
	84. City FL 85. Zip Code

11. I, the undersigned, being a resident qualified to be a domestic corporation under the laws of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the information required by Chapter 607, Florida Statutes, and that my signature shall have the same legal effect as if made under oath. I am a resident of the State of Florida and I am duly qualified to execute this statement for the purpose of changing its registered office.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD	NAME	CD
BOYLAN, JOHN F.		Jean Neveu	
201 N. CHARLES ST. #2100		612 St. Jacques	
BALTIMORE MD		Montreal, Qc CANADA H3C 4M8	
NAME	VD	NAME	D/Vice Chairman
MUMFORD, CHRISTOPHER G.		Charles G. Cavell	
601 CALIFORNIA ST. #1800		612 St. Jacques	
SAN FRANCISCO CA		Montreal, Qc CANADA H3C 4M8	
NAME	SVD	NAME	D/V
LORENSEN, SHELLY A.		Pierre Poirier	
601 CALIFORNIA ST. #1800		612 St. Jacques	
SAN FRANCISCO CA		Montreal, Qc CANADA H3C 4M8	
NAME	V	NAME	P
COHEN, HERBERT S.		James A. Dawson	
201 N. CHARLES ST. #2100		125 High St., High St. Tower	
BALTIMORE MD		Boston, MA 02110	
NAME	V	NAME	T
BARRETT, JOHN A.		Daniel Poulin	
201 N. CHARLES ST. #2100		612 St. Jacques	
BALTIMORE MD		Montreal, Qc CANADA H3C 4M8	
NAME		NAME	S
		Guy J. Paquette	
		612 St. Jacques	
		Montreal, Qc CANADA H3C 4M8	

14. I, the undersigned, certify that the information provided with this filing is voluntarily furnished and checked and equally for the corporation stated in Sections 607.01(1)(b) Florida Statutes. I further certify that the information submitted is a true and correct copy of the information required by Chapter 607, Florida Statutes, and that my signature shall have the same legal effect as if made under oath. I am a resident of the State of Florida and I am duly qualified to execute this statement for the purpose of changing its registered office.

SIGNATURE: **Guy J. Paquette**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

95.05.02 (514) 954-0101