



2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90418 019 ***150.00

DOCUMENT # F03356					
1. Entity Name APL LOGISTICS WAREHOUSE MANAGEMENT SERVICES, INC.					
Principal Place of Business 1301 RIVERPLACE BLVD 1200 JACKSONVILLE, RL 32207 US		Mailing Address 1111 BROADWAY OAKLAND, CA 94607 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2042072	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT/CEO/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKLER, HANS		NAME	RDSARIO RIZZO	
STREET ADDRESS	1111 BROADWAY		STREET ADDRESS	1111 BROADWAY	
CITY-ST-ZIP	OAKLAND, CA 94607		CITY-ST-ZIP	OAKLAND, CA 94607	
TITLE	CFOD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, GLYNIS		NAME		
STREET ADDRESS	1301 RIVERPLAVE STE., #1200		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
TITLE	TC	<input checked="" type="checkbox"/> Delete	TITLE	REGIONAL FINANCE OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, NEAL E		NAME	SDH KAM GIAP	
STREET ADDRESS	1111 BROADWAY		STREET ADDRESS	1111 BROADWAY	
CITY-ST-ZIP	OAKLAND, CA 94607		CITY-ST-ZIP	OAKLAND, CA 94607	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASSE, ANN F		NAME	PETER A.V. HKEGEL	
STREET ADDRESS	1111 BROADWAY		STREET ADDRESS	1111 BROADWAY	
CITY-ST-ZIP	OAKLAND, CA 94607		CITY-ST-ZIP	OAKLAND, CA 94607	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLALON, WILLIAM		NAME		
STREET ADDRESS	1111 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND, CA 94607		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, DOUGLAS R		NAME		
STREET ADDRESS	1111 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND, CA 94607		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 #	