

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90015 018 ***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

40105733



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.
ATTN: TAX DEPT.

04222008 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
59-2042072

Applied For
 Not Applicable

City & State

Zip Country

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RFO KAM GIAP, SOH 1111 BROADWAY OAKLAND, CA 94607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SOH, KAM GIAP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUEGEL, PETER AV 1111 BROADWAY OAKLAND, CA 94607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR BRIAN T. LUTT 1111 BROADWAY OAKLAND, CA 94607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HASSE, ANN F 1111 BROADWAY OAKLAND, CA 94607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VILLALON, WILLIAM 1111 BROADWAY OAKLAND, CA 94607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CANNON, DOUGLAS R 1111 BROADWAY OAKLAND, CA 94607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT/DIRECTOR JOHN W. HURST 1111 BROADWAY OAKLAND, CA 94607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR JOHN D. BOWE 1111 BROADWAY OAKLAND, CA 94607

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 affidavit with all other like empowered.

SIGNATURE:  **SON KAM GIAP REGIONAL FINANCE OFF** **4/28/08** **(510) 272-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #