

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03356

**FILED**  
**Apr 25, 2013**  
**Secretary of State**  
**CC9849127252**

**Entity Name:** APL LOGISTICS WAREHOUSE MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

16220 N. SCOTTSDALE ROAD  
SUITE 300  
SCOTTSDALE, AZ 85254

**Current Mailing Address:**

16220 N. SCOTTSDALE ROAD  
SUITE 300  
SCOTTSDALE, AZ 85254 US

**FEI Number:** 59-2042072

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title REGIONAL FINANCE OFFICER,  
DIRECTOR  
Name TEE, TOMMY  
Address 16220 N. SCOTTSDALE ROAD, SUITE  
300  
City-State-Zip: SCOTTSDALE AZ 85254

Title SECRETARY  
Name WINDLE, TIMOTHY J  
Address 16220 N. SCOTTSDALE ROAD, SUITE  
300  
City-State-Zip: SCOTTSDALE AZ 85254

Title VICE PRESIDENT  
Name VILLALON, WILLIAM K  
Address 16220 N. SCOTTSDALE ROAD, SUITE  
300  
City-State-Zip: SCOTTSDALE AZ 85254

Title PRESIDENT, DIRECTOR  
Name FRENTZEL, DAVID  
Address 16220 N. SCOTTSDALE ROAD, SUITE  
300  
City-State-Zip: SCOTTSDALE AZ 85254

Title DIRECTOR  
Name MCADAM III, JAMES H  
Address 456 ALEXANDRA ROAD  
#06-00, NOL BUILDING  
City-State-Zip: SINGAPORE 119962

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY WINDLE

**SECRETARY**

**04/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date