

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03356

**FILED**  
**Mar 11, 2021**  
**Secretary of State**  
**9691339234CC**

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

**Current Principal Place of Business:**

17600 N. PERIMETER DRIVE  
SUITE 150  
SCOTTSDALE, AZ 85255

**Current Mailing Address:**

17600 N. PERIMETER DRIVE  
SUITE 150  
SCOTTSDALE, AZ 85255 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            TREASURER, DIRECTOR

Name            DENTON, GREGORY P

Address        17600 N. PERIMETER DRIVE  
SUITE 150

City-State-Zip: SCOTTSDALE AZ 85255

Title            SECRETARY, DIRECTOR

Name            LEE, SAMUEL ERIC

Address        17600 N. PERIMETER DRIVE  
SUITE 150

City-State-Zip: SCOTTSDALE AZ 85255

Title            PRESIDENT, CEO, DIRECTOR

Name            WATSON, GRAEME K

Address        17600 N. PERIMETER DRIVE  
SUITE 150

City-State-Zip: SCOTTSDALE AZ 85255

*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:** GREGORY P DENTON

**TREASURER**

**03/11/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date