

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90826 028 ***150.00



DOCUMENT # L10687
 1. Entity Name
 APL LOGISTICS PROPERTIES, INC.

Principal Place of Business 1301 RIVERPLACE BLVD 1200 JACKSONVILLE, FL 32207 US	Mailing Address TAX DEPT 1111 BROADWAY OAKLAND, CA 94607 US
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40092431



04042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2966786	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYES ST.
 STE. 105
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CANNON, DOUGLAS 1111 BROADWAY OAKLAND, CA 94607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HASSE, ANN F 1111 BROADWAY OAKLAND, CA 94607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RFO SOH KAM GIAP 1111 BROADWAY OAKLAND, CA 94607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED VILLALON, WILLIAM 1111 BROADWAY OAKLAND, CA 94607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUEGEL, PETER A.V. 1111 BROADWAY OAKLAND, CA 94067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: **SOH KAM GIAP** **4/5/07** **510-272-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #