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APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01462** (1)
1. Corporation Name
HAMILTON TERMINAL CORPORATION

Principal Place of Business Mailing Address
399 HOES LANE TAX DEPT PISCATAWAY NJ 08854 US
399 HOEW LANE TAX DEPT PISCATAWAY NJ 08854 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 26 **399 HOES LANE**
22 Suite, Apt. #, etc. 27 State, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **04/02/1984** 3a. Date of Last Report **05/17/1994**
4. FEI Number **13-5625604** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under §. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when constituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEPERE, FERDINAND V	12 NAME	ULRICH KRANICH
STREET ADDRESS	ONE EDGE WATER PLAZA	13 STREET ADDRESS	399 HOES LANE
CITY - ST - ZIP	STATEN ISLAND NY	14 CITY - ST - ZIP	PISCATAWAY NJ 08854
TITLE	VP	21 TITLE	VP / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEBHARDT, JUERGEN	22 NAME	ANTHONY CASTELLANO
STREET ADDRESS	ONE EDGE WATER PLAZA	23 STREET ADDRESS	399 HOES LANE
CITY - ST - ZIP	STATEN ISLAND NY	24 CITY - ST - ZIP	PISCATAWAY NJ 08854
TITLE	C	31 TITLE	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINNOW, WERNER	32 NAME	JUERGEN MANEKE
STREET ADDRESS	ONE EDGEWATER PLAZA	33 STREET ADDRESS	399 HOES LANE
CITY - ST - ZIP	STATEN ISLAND NY	34 CITY - ST - ZIP	PISCATAWAY, NJ 08854
TITLE	D	41 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEPERE, FERDINAND V.	42 NAME	RENEE CUCI RULLO
STREET ADDRESS	ONE EDGEWATER PLAZA	43 STREET ADDRESS	399 HOES LANE
CITY - ST - ZIP	STATEN ISLAND NY	44 CITY - ST - ZIP	PISCATAWAY, NJ 08854
TITLE	ST	51 TITLE	SEC-TREAS / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLANO, A	52 NAME	MICHAEL A. STILLIMNO
STREET ADDRESS	399 HOES LANE	53 STREET ADDRESS	399 HOES LANE
CITY - ST - ZIP	PISCATAWAY NJ	54 CITY - ST - ZIP	PISCATAWAY, NJ 08854
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed for an officer or director with an address.

SIGNATURE: *[Signature]* **Michael Stillimno** 4/15/95 928.60.56118