

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32369

Entity Name: APM GLOBAL LOGISTICS USA INC

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

7 GIRALDA FARMS  
MADISON AVENUE  
MADISON, NJ 079400880

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 880  
TAX DEPARTMENT  
MADISON, NJ 079400880 US

**New Mailing Address:**

FEI Number: 22-2904364      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HAYCOCK, JEREMY  
Address: 7 GIRALDA FARMS, MADISON AVENUE  
City-St-Zip: MADISON, NJ 079400880

Title: VP ( ) Delete  
Name: FRASER, STEPHEN  
Address: 7 GIRALDA FARMS, MADISON AVENUE  
City-St-Zip: MADISON, NJ 079400880

Title: VPST ( ) Delete  
Name: ANDERSEN, JAN K  
Address: 7 GIRALDA FARMS, MADISON AVENUE  
City-St-Zip: MADISON, NJ 079400880

Title: VP ( ) Delete  
Name: PRUITT, KURT  
Address: 7 GIRALDA FARMS, MADISON AVENUE  
City-St-Zip: MADISON, NJ 079400880

Title: D (X) Delete  
Name: NICOLAISEN, MORTEN K  
Address: 2 GIRALDA FARMS, MADISON AVENUE  
City-St-Zip: MADISON, NJ 079400880

Title: C (X) Delete  
Name: BRUNER, RUSSELL  
Address: 2 GIRALDA FARMS, MADISON AVENUE  
City-St-Zip: MADISON, NJ 079400880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: PREISLER, SIMON  
Address: 7 GIRALDA FARMS, MADISON AVENUE  
City-St-Zip: MADISON, NJ 079400880

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAN K ANDERSEN

Electronic Signature of Signing Officer or Director

S/T

04/13/2009

\_\_\_\_\_ Date