

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P32369 (1)**

1. Corporation Name  
**MERCANTILE LOGISTICS INC.**



Principal Place of Business: **GIRALDA FARMS, MADISON AVENUE, MADISON NJ 07940-0880**

Mailing Address: **GIRALDA FARMS, MADISON AVENUE, MADISON NJ 07940, TAX Dept.**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **01/03/1991**

3a. Date of Last Report: **05/01/1996**

4. FEI Number: **22-2904364**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under s. 199.032, 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: \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NIELSEN, H. B	
STREET ADDRESS	GIRALDA FARMS, MADISON AVE	
CITY-ST-ZIP	MADISON NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCAPPATORI, FRANK	
STREET ADDRESS	GIRALDA FARMS, MAD. AVE.	
CITY-ST-ZIP	MADISON NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PATTERSON, SUSAN	
STREET ADDRESS	GIRALDA FARMS, MAD. AVE.	
CITY-ST-ZIP	MADISON NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMSEN, TOMMY	
STREET ADDRESS	GIRALDA FARMS, MAD. AVE.	
CITY-ST-ZIP	MADISON NJ	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, CLARK E	
STREET ADDRESS	GIRALDA FARMS, MAD. AVE.	
CITY-ST-ZIP	MADISON NJ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRUNER, J R	
STREET ADDRESS	GIRALDA FARMS, MADISON AVE	
CITY-ST-ZIP	MADISON NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	H. Les Carmichael	
1.3 STREET ADDRESS	Giralda Farms, Madison Ave.	
1.4 CITY-ST-ZIP	Madison, N.J. 07940	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Chairman, Directors	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lars R. Jakobsen	
5.3 STREET ADDRESS	31 Morey Lane	
5.4 CITY-ST-ZIP	Randolph Twp., NJ 07869	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Kurt M. McElroy	
6.3 STREET ADDRESS	11 Van Dwyne Road	
6.4 CITY-ST-ZIP	Mountain Lakes, NJ 07046	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/26/97 (201)514-5700**

CR2E034 (9/96)