

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 AVE. TAX DEPT MADISON NJ 07940-0880 US
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DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified 01/03/1991	
4. FEI Number 22-2904364	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code

FL

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CARMICHAEL, H L	
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	CD	<input type="checkbox"/> DELETE
NAME	THOMSEN, TOMMY	
STREET ADDRESS	GIRALDA FARMS, MAD. AVE.	
CITY-ST-ZIP	MADISON NJ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JAKOBSEN, LARS R	
STREET ADDRESS	31 MOREY LANE	
CITY-ST-ZIP	RANDOLPH TWP NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCELROY, KURT M	
STREET ADDRESS	11 VAN DUYNNE ROAD	
CITY-ST-ZIP	MOUNTAIN LAKES NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P Clark Brown
1.3 STREET ADDRESS	Giralda Farms, Madison Ave
1.4 CITY-ST-ZIP	Madison, NJ 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Peter Fredrikson
5.3 STREET ADDRESS	10 Cliffside Way
5.4 CITY-ST-ZIP	Boonton, Township
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: *C. Philip Alexander* Secretary 4/14/98

CFR2E034 (10/97)