

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

FILED
May 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32369

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	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30

3. Date Incorporated or Qualified 01/03/1991	
4. FEI Number 22-2904364	Applied For 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CLARKE	1.2 NAME	
STREET ADDRESS	GIRALDA FARMS, MADISON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON NJ 07940	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAPPATORI, FRANK	2.2 NAME	
STREET ADDRESS	GIRALDA FARMS, MAD. AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON NJ	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, SUSAN	3.2 NAME	
STREET ADDRESS	GIRALDA FARMS, MAD. AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON NJ	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMSEN, TOMMY	4.2 NAME	
STREET ADDRESS	GIRALDA FARMS, MAD. AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON NJ	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERICKSEN, PETER	5.2 NAME	
STREET ADDRESS	10 CLIFFSIDE WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOOSTER TO	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCELROY, KURT M	6.2 NAME	Director
STREET ADDRESS	11 VAN DUYN ROAD	6.3 STREET ADDRESS	Clark Brown
CITY-ST-ZIP	MOUNTAIN LAKES NJ	6.4 CITY-ST-ZIP	9 Chesterfield Dr.
			Chester, NJ 07930

14. I 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, with all other like empowered.

SIGNATURE: *Susan Patterson* Date: **4/23/99** Daytime Phone #: **973-514-5000**

CR2E034 (11/98)