

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90365 013 \*\*\*150.00

**DOCUMENT # P32369**

1. Entity Name  
**MERCANTILE LOGISTICS INC.**

*R*

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

Mailing Address  
**GIRALDA FARMS  
 MADISON AVE. TAX DEPT  
 MADISON NJ 07940  
 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

4. FEI Number **22-2904364**  
 Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROWN, CLARK</b>	
STREET ADDRESS	<b>9 CHESTFIELD DR</b>	
CITY-ST-ZIP	<b>CHESTER NJ 07940</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SCAPPATORI, FRANK</b>	
STREET ADDRESS	<b>GIRALDA FARMS, MAD. AVE.</b>	
CITY-ST-ZIP	<b>MADISON NJ</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PATTERSON, SUSAN</b>	
STREET ADDRESS	<b>GIRALDA FARMS, MAD. AVE.</b>	
CITY-ST-ZIP	<b>MADISON NJ</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>THOMSEN, TOMMY</b>	
STREET ADDRESS	<b>GIRALDA FARMS, MAD. AVE.</b>	
CITY-ST-ZIP	<b>MADISON NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FREDERICKSEN, PETER</b>	
STREET ADDRESS	<b>10 CLIFFSIDE WAY</b>	
CITY-ST-ZIP	<b>BOOSTER TO</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, CLARK</b>	
STREET ADDRESS	<b>9 CHESTERFIELD DR</b>	
CITY-ST-ZIP	<b>CHESTER NJ 07930</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Anthony Chiarello</b>	
STREET ADDRESS	<b>15 Hunters Run</b>	
CITY-ST-ZIP	<b>Chester, NJ 07930</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Fredericksen, Peter</b>	
STREET ADDRESS	<b>10 Cliffside Way</b>	
CITY-ST-ZIP	<b>Boonton Township, NJ 07005</b>	
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Brown, Clark</b>	
STREET ADDRESS	<b>11821 Aberdeen Landing Lane</b>	
CITY-ST-ZIP	<b>Midlothian, VA 23113</b>	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C. Philip Alexander* **C. Philip Alexander**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **4/25/00** Daytime Phone #: **973-514-5000**

*Susan E. Patterson*  
**Susan E. Patterson, Corporate Secretary**

*7/7/00*

CR2E034 (9/99)