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95 MAY -1 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **844656** (9)

1. Corporation Name
MAERSK INC.

Principal Place of Business Mailing Address

**GIRALDA FARMS, MADISON AVENUE
P O BOX 880
MADISON NJ 07940-7880**

**GIRALDA FARMS, MADISON AVENUE
P O BOX 880
MADISON NJ 07940-7880**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified **11/20/1979** 3a. Date of Last Report **05/01/1994**

4. FEI Number **13-5159146** Applied For Not Applicable

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

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

7. 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	ENGELL, JORGEN A
STREET ADDRESS	804 MOUNTAIN AVE
CITY - ST - ZIP	WESTFIELD, NJ 08000
TITLE	CD
NAME	RUHLY, A.B.
STREET ADDRESS	3 POND HILL DRIVE
CITY - ST - ZIP	BOONTON TOWNSHIP NJ
TITLE	D
NAME	SODERBERG, JESS
STREET ADDRESS	EGPLANADEN 50
CITY - ST - ZIP	BK1098 COPENHAGEN DN
TITLE	D
NAME	COHEN, JOEL
STREET ADDRESS	110 E. END AVENUE
CITY - ST - ZIP	NEW YORK, NY 0
TITLE	V
NAME	OLSEN, ARNE
STREET ADDRESS	425 WYCHWOOD ROAD
CITY - ST - ZIP	WESTFIELD NJ
TITLE	ACS
NAME	SCIANANDRE, LEE
STREET ADDRESS	1008 BLOOMFIELD ST
CITY - ST - ZIP	HOBOKEN NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Tommy Thomsen
13 STREET ADDRESS	210 Canterbury Road
14 CITY - ST - ZIP	Westfield, NJ 07090
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Jess Soderberg
33 STREET ADDRESS	Carlsmindedvej 5
34 CITY - ST - ZIP	N. 2840 Heltte Denmark
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	J. Russell Bruner
53 STREET ADDRESS	9 Willow Drive
54 CITY - ST - ZIP	Chester, New Jersey 07930
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tommy Thomsen 4-19-95 201-514-5235

(Signature and Typed or Printed Name of Signing Officer or Director) (Date) (Mychal Press 7)