

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844656

Entity Name: MAERSK INC.

FILED  
Apr 26, 2005  
Secretary of State

## Current Principal Place of Business:

GIRALDA FARMS, MADISON AVENUE  
P O BOX 880  
MADISON, NJ 079407880

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 880  
TAX DEPARTMENT  
MADISON, NJ 079407880

## New Mailing Address:

FEI Number: 13-5159146      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: ALEXANDER, C.PHILLIP  
Address: 38 DEVONSHIRE LANE  
City-St-Zip: MENDHAM, NJ 07845

Title: D ( ) Delete  
Name: CLANCEY, JOHN P  
Address: 4028 SEMINOLE CT  
City-St-Zip: CHARLOTTE, NC 28210

Title: PD ( ) Delete  
Name: ANDERSON, THOAMS T  
Address: 55 WEST LANE  
City-St-Zip: MADISON, NJ 07940

Title: D ( ) Delete  
Name: COHEN, JOEL  
Address: 110 E. 2ND AVE  
City-St-Zip: NEW YORK, NY 10028

Title: EVP ( ) Delete  
Name: CONNORS, PHILIP V  
Address: 115 HEMPSTEAD CT  
City-St-Zip: MADISON, NJ 07940

Title: AS ( ) Delete  
Name: EILEEN CASALASPRO,  
Address: 214 MALLORY AVENUE  
City-St-Zip: STATEN ISLAND, NY 10305

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BRUNER, J RUSSELL  
Address: 7 HORTON DRIVE  
City-St-Zip: CHESTER, NJ 07930

Title: C (X) Change ( ) Addition  
Name: CLANCEY, JOHN P  
Address: 4028 SEMINOLE CT  
City-St-Zip: CHARLOTTE, NC 28210

Title: SVP (X) Change ( ) Addition  
Name: NICOLIASEN, MORTEN K  
Address: 28 OLD FARMSTEAD ROAD  
City-St-Zip: CHESTER, NJ 07930

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORTEN K. NICOLIASEN

SVP

04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date