

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844656

Entity Name: MAERSK INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

2 GIRALDA FARMS
MADISON AVENUE
MADISON, NJ 079400880

New Principal Place of Business:

Current Mailing Address:

PO BOX 880
TAX DEPARTMENT
MADISON, NJ 079400880

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: P () Delete
Name: BRUNER, J RUSSELL
Address: 2 GIRALDA FARMS, MADISON AVENUE
City-St-Zip: MADISON, NJ 07940

Title: C () Delete
Name: CLANCEY, JOHN P
Address: 6000 CARNEGIE BLVD
City-St-Zip: CHARLOTTE, NC 28209

Title: SVP () Delete
Name: NICOLAISEN, MORTEN K
Address: 2 GIRALDA FARMS, MADISON AVENUE
City-St-Zip: MADISON, NJ 079400880

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

Title: VP () Delete
Name: STEPHEN, GILBERT T
Address: 2 GIRALDA FARMS, MADISON AVENUE
City-St-Zip: MADISON, NJ 079400880

Title: AS () Delete
Name: EILEEN CASALASPRO,
Address: 2 GIRALDA FARMS, MADISON AVENUE
City-St-Zip: MADISON, NJ 079400880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 exemption stated in Chapter 119, 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: EILEEN CASALASPRO

AS

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date