

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **844656** (9)

1. Corporation Name
MAERSK INC.



Principal Place of Business: **GIRALDA FARMS. MADISON AVENUE P O BOX 880 MADISON NJ 07940-7880**
Mailing Address: **GIRALDA FARMS. MADISON AVENUE P O BOX 880 MADISON NJ 07940-7880**

3. Date Incorporated or Qualified: **11/20/1979**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **13-5159146**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-84) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, FL, 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: _____ 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMSEN, TOMMY | 1.2 NAME | |
| STREET ADDRESS | 210 CANTERBURY RD | 1.3 STREET ADDRESS | Westfield, NJ 07090 |
| CITY-ST-ZIP | WESTFIELD, NJ 08080 | 1.4 CITY-ST-ZIP | |
| TITLE | CD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUHLY, A.B. | 2.2 NAME | |
| STREET ADDRESS | 3 POND HILL DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOONTON TOWNSHIP NJ | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SODERBERG, JESS | 3.2 NAME | |
| STREET ADDRESS | CARLSMINDEVEJ 5 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DK2840 HOLTE DE | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHEN, JOEL | 4.2 NAME | |
| STREET ADDRESS | 110 E. END AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK, NY 100 | 4.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRUNER, J. RUSSELL | 5.2 NAME | |
| STREET ADDRESS | 9 WILLOW DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHESTER NJ | 5.4 CITY-ST-ZIP | |
| TITLE | ACS <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCANANDRE, LEE | 6.2 NAME | Assistant Secretary |
| STREET ADDRESS | 1008 BLOOMFIELD ST | 6.3 STREET ADDRESS | Eileen Casalapro |
| CITY-ST-ZIP | HOBOKEN NJ | 6.4 CITY-ST-ZIP | 214 Mallory Avenue |
| | | | Staten Island, NY 10305 |

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: COHEN **4/26/96** (201) 514-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)