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May 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 844656

1. Corporation Name
MAERSK INC.



DO NOT WRITE IN THIS SPACE

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
 4. FEI Number: 13-5159146 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	THOMSEN, TOMMY	
STREET ADDRESS	210 CANTERBURY RD	
CITY-ST-ZIP	WESTFIELD, NJ 00000	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	RUHLY, A.B.	
STREET ADDRESS	3 POND HILL DRIVE	
CITY-ST-ZIP	BOONTON TOWNSHIP NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SODERBERG, JESS	
STREET ADDRESS	CARLSMINDEVEJ 5	
CITY-ST-ZIP	DK2840 HOLTE DE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, JOEL	
STREET ADDRESS	110 E. END AVENUE	
CITY-ST-ZIP	NEW YORK, NY 0	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BRUNER, J. RUSSELL	
STREET ADDRESS	9 WILLOW DRIVE	
CITY-ST-ZIP	CHESTER NJ	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	EILEEN CASALASPRO	
STREET ADDRESS	214 MALLORY AVENUE	
CITY-ST-ZIP	STATEN ISLAND NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tommy Thomsen
2.3 STREET ADDRESS	210 Canterbury Rd
2.4 CITY-ST-ZIP	Westfield, NJ
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Phil Connors
5.3 STREET ADDRESS	22 East Lane
5.4 CITY-ST-ZIP	Madison, NJ
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *CPA* **C. Phillip Alexander**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: **Treasurer, Maersk Inc**

Date: Daytime Phone #

CR2E034 (11/98)