

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 844656**

1. Entity Name  
**MAERSK INC.**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90153 026 \*\*\*150.00

Principal Place of Business      Mailing Address  
GIRALDA FARMS. MADISON AVENUE      GIRALDA FARMS. MADISON AVENUE  
P O BOX 880      P O BOX 880  
MADISON NJ 07940-7880      MADISON NJ 07940-0880



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

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

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>THOMSEN, TOMMY</b>	
STREET ADDRESS	<b>210 CANTERBURY RD</b>	
CITY-ST-ZIP	<b>WESTFIELD, NJ 07090</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THOMSEN, TOMMY</b>	
STREET ADDRESS	<b>210 CENTERBURY RD</b>	
CITY-ST-ZIP	<b>WESTFIELD NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SODERBERG, JESS</b>	
STREET ADDRESS	<b>CARLSMINDEVEJ 5</b>	
CITY-ST-ZIP	<b>DK2840 HOLTE DE</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COHEN, JOEL</b>	
STREET ADDRESS	<b>110 E. END AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK, NY 0</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>CONNORS, PHIL</b>	
STREET ADDRESS	<b>22 E LANE</b>	
CITY-ST-ZIP	<b>MADISON NJ</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>EILEEN CASALASPRO</b>	
STREET ADDRESS	<b>214 MALLORY AVENUE</b>	
CITY-ST-ZIP	<b>STATEN ISLAND NY</b>	

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Thomsen, Tommy</b>	
STREET ADDRESS	<b>210 Canterbury Road.</b>	
CITY-ST-ZIP	<b>Westfield, NJ 07090</b>	
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Thomsen, Tommy</b>	
STREET ADDRESS	<b>210 canerbury Road</b>	
CITY-ST-ZIP	<b>Westfield, NJ 07090</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cohen, Joel</b>	
STREET ADDRESS	<b>110 E. End Avenue</b>	
CITY-ST-ZIP	<b>New York, NY 10028</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Connors, Phil</b>	
STREET ADDRESS	<b>22 E. Lane</b>	
CITY-ST-ZIP	<b>Madison, NJ 07940</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Eileen Casalapro</b>	
STREET ADDRESS	<b>214 Mallory Ave.</b>	
CITY-ST-ZIP	<b>Staten Island, NY 10305</b>	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. Phillip Alexander      **Treasurer, Maersk Inc**      4/11/2000      973 514-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)