

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90224 034 \*\*\*150.00

0616369 AT

**DOCUMENT # 844656**

1. Entity 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-5159146**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>T</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>ALEXANDER, C.PHILLIP</b>   |  |
| STREET ADDRESS | <b>38 DEVONSHIRE LANE</b>     |  |
| CITY-ST-ZIP    | <b>MENDHAM NJ 07845</b>       |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>CLANCEY, JOHN P</b>        |  |
| STREET ADDRESS | <b>4028 SEMINOLE CT</b>       |  |
| CITY-ST-ZIP    | <b>CHARLOTTE NC 28210</b>     |  |
| TITLE          | <b>D</b>                      | <input checked="" 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. 2ND AVE</b>         |  |
| CITY-ST-ZIP    | <b>NEW YORK NY 10028</b>      |  |
| TITLE          | <b>EVP</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>CONNORS, PHILIP V</b>      |  |
| STREET ADDRESS | <b>115 HEMPSTEAD CT</b>       |  |
| CITY-ST-ZIP    | <b>MADISON NJ 07940</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 10305</b> |  |

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | <b>VP</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>C PHILLIP ALEXANDER</b>  |  |
| STREET ADDRESS | <b>SAME</b>                 |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          | <b>PD</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>THOMAS T ANDERSEN</b>    |  |
| STREET ADDRESS | <b>55 WEST LANE</b>         |  |
| CITY-ST-ZIP    | <b>MADISON, NJ 07940</b>    |  |
| TITLE          | <b>VP CFO S</b>             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>KIM FEJFER</b>           |  |
| STREET ADDRESS | <b>8 BRIARCLIFF TERRACE</b> |  |
| CITY-ST-ZIP    | <b>KINNELON, NJ 07405</b>   |  |
| TITLE          | <b>T</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>NIELS J KINDBERG</b>     |  |
| STREET ADDRESS | <b>40 SENECA AVENUE</b>     |  |
| CITY-ST-ZIP    | <b>ROCKAWAY, NJ 07866</b>   |  |
| TITLE          | <b>VP</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>FRANK HERCZEG JR</b>     |  |
| STREET ADDRESS | <b>3 SHADOWBROOK WAY</b>    |  |
| CITY-ST-ZIP    | <b>MENDHAM, NJ 07945</b>    |  |
| TITLE          | <b>VP</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>ERIC SISCO</b>           |  |
| STREET ADDRESS | <b>16 ALIZE DRIVE</b>       |  |
| CITY-ST-ZIP    | <b>KINNELON, NJ 07405</b>   |  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank Herczeg Jr* **FRANK HERCZEG JR**

04/28/03

(973) 514-5631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)