

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

SECRETARY AT

**DOCUMENT # F00000005312**  
 1. Entity Name  
**MAERSK EQUIPMENT SERVICE COMPANY, INC.**

05-23-2002 90019 049 \*\*\*150.00

Principal Place of Business Mailing Address  
**6000 CARNEGIE BOULEVARD** **6000 CARNEGIE BOULEVARD**  
**CHARLOTTE NC 28209** **CHARLOTTE NC 28209**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address TAX DEPT Suite, Apt. #, etc. P.O. BOX 880 City & State MADISON, NJ 07940 Zip Country US

4. FEI Number **13-2793490** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH 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, 2002 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                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>PIGHIN, WAYNE</b><br><b>6000 CARNEGIE BOULEVARD</b><br><b>CHARLOTTE NC 28209</b> <input type="checkbox"/> Delete                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V.</b><br><b>MISORSKI, RON</b><br><b>6000 CARNEGIE BOULEVARD</b><br><b>CHARLOTTE NC 28209</b> <input type="checkbox"/> Delete                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST</b><br><b>ALEXANDER, C. PHILLIP</b><br><b>6000 CARNEGIE BOULEVARD</b><br><b>CHARLOTTE NC 28209</b> <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST</b><br><b>ALEXANDER, C. PHILLIP</b><br><b>6000 CARNEGIE BOULEVARD</b><br><b>CHARLOTTE NC 28209</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD</b><br><b>CONNORS, PHILIP</b><br><b>6000 CARNEGIE BOULEVARD</b><br><b>CHARLOTTE NC 28209</b> <input type="checkbox"/> Delete                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>THOMSEN, TOMMY</b><br><b>6000 CARNEGIE BOULEVARD</b><br><b>CHARLOTTE NC 28209</b> <input checked="" type="checkbox"/> Delete         |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>WAYNE PIGHIN</b><br><b>2720 PROVIDENCE PINE LANE</b><br><b>CHARLOTTE, NC 07930</b>                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>RON MISORSKI</b><br><b>11300 BUNRATTY COURT</b><br><b>RICHMOND, VA 23236</b>                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>DIRECTOR</b><br><b>THOMAS T ANDERSEN</b><br><b>55 WEST LANE</b><br><b>MADISON, NJ 07940</b>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>DIRECTOR</b><br><b>ANTHONY SCIOSCIA</b><br><b>5631 ROYAL TOON COURT</b><br><b>CHARLOTTE, NC 28277</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>DIRECTOR</b><br><b>ANTHONY CHIARELLO</b><br><b>24 CADENCE COURT</b><br><b>MORRISTOWN, NJ 07960</b>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>DIRECTOR</b><br><b>KIM FEJFER</b><br><b>8 BRIARCLIFF TERRACE</b><br><b>KINNELON, NJ 07405</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 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 empowers.

SIGNATURE: C. Phillip Alexander **Treasurer, Maersk Inc** 04/23/02 (973) 514-5631  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)