2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005312

Entity Name: MAERSK EQUIPMENT SERVICE COMPANY, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
6000 CARNEGIE BOULEVARD CHARLOTTE, NC 28209							
Current Mailing Address:			New Mailing Address:				
TAX DEPT P.O BOX 880 MADISON, NJ 07940				PO BOX 880 C/O TAX DEPT MADISON, NJ 07940			
FEI Number:	13-2793490	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US							
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:							
		c Signature of Registered Agent	t			Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () DURANDO, ERN 6000 CARNEGIE CHARLOTTE, NO	BLVD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () MISORSKI, RON 6000 CARNEGIE CHARLOTTE, NO	BLVD		Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	ALEXANDER, C.	MS, MADISON AVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NICOLAISEN, M	MS, MADISON AVENUE		Title: Name: Address: City-St-Zip:	NICOLAISEN, I	RMS, MADISON AVENUE	
Title: Name: Address: City-St-Zip:	CONNORS, PHIL	MS, MADISON AVENUE		Title: Name: Address: City-St-Zip:	D (X CONNORS, PH 4701 HEDGEM CHARLOTTE, I	MORE DRIVE	
Title: Name: Address: City-St-Zip:	ST () CURTIS, MICHA 6000 CARNEGIE CHARLOTTE, NO	BLVD		Title: Name: Address: City-St-Zip:	() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CURTIS ST 04/27/2007