2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0100006431

Entity Name: MAERSK LINE, LIMITED CORPORATION

Current Principal Place of Business:

ONE COMMERCIAL PLACE 20TH FLOOR NORFOLK, VA 23510

Current Mailing Address:

PO BOX 874 TAX DEPARTMENT MADISON, NJ 07904 US

FEI Number: 13-6122611

Name and Address of Current 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:

Address

City-State-Zip:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	VP	Title	PCEO
Name	BOYLE, RICHARD F	Name	BRUNER, RUSSELL
Address	1530 WILSON BLVD, SUITE 650	Address	ONE COMMERCIAL PLACE, 20TH FL
City-State-Zip:	ARLINGTON VA 22209	City-State-Zip:	NORFOLK VA 23510
Title	SVP	Title	VP
Name	CARMEL, STEPHEN	Name	HANLEY, EDWARD F
Address	ONE COMMERICAL PLACE, 20TH FL	Address	ONE COMMERCIAL PLACE, 20TH FL
City-State-Zip:	NORFOLK VA 23510	City-State-Zip:	NORFOLK VA 23510
Title	TREASURER	Title	SECRETARY, VP
Name	HADDER, STEVE E	Name	HOPKINS, MICHAEL
Address	ONE COMMERCIAL PLACE, 20TH FL	Address	ONE COMMERCIAL PLACE, 20TH FL
City-State-Zip:	NORFOLK VA 23510	City-State-Zip:	NORFOLK VA 23510
Title	VP		
Name	R. GREGORY, MOORE		

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL HOPKINS

20TH FLOOR

NORFOLK VA 23510

ONE COMMERCIAL PLACE

SECRETARY

04/28/2014

Electronic Signature of Signing Officer/Director Detail

FILED Apr 28, 2014 Secretary of State CC8044652810

Certificate of Status Desired: No

Date