

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000006431

**Entity Name:** MAERSK LINE, LIMITED CORPORATION

**Current Principal Place of Business:**

2510 WALMER AVENUE  
SUITE C  
NORFOLK, VA 23513

**FILED**  
**Apr 08, 2017**  
**Secretary of State**  
**CC8864869487**

**Current Mailing Address:**

P.O. BOX 948  
TAX DEPARTMENT  
FLORHAM PARK, NJ 07932-0948 US

**FEI Number: 13-6122611**

**Certificate of Status Desired: No**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name BOYLE, RICHARD F  
Address 1881 CAMPUS COMMONS DRIVE  
SUITE 450  
City-State-Zip: RESTON VA 20191

Title CEO, DIRECTOR  
Name BRUNER, J. RUSSELL  
Address 1881 CAMPUS COMMONS DRIVE  
SUITE 450  
City-State-Zip: RESTON VA 20191

Title VP  
Name CARMEL, STEPHEN M  
Address 2510 WALMER AVENUE  
SUITE C  
City-State-Zip: NORFOLK VA 23513

Title VP  
Name HANLEY, EDWARD F  
Address 2510 WALMER AVENUE  
SUITE C  
City-State-Zip: NORFOLK VA 23513

Title VP, CFO, TREASURER, SECRETARY  
Name HADDER, STEVEN E  
Address 2510 WALMER AVENUE  
SUITE C  
City-State-Zip: NORFOLK VA 23513

Title DIRECTOR  
Name CLANCEY, JOHN P  
Address 2510 WALMER AVENUE  
SUITE C  
City-State-Zip: NORFOLK VA 23513

Title DIRECTOR  
Name ROBERTSON, CHARLES T JR.  
Address 2510 WALMER AVENUE  
SUITE C  
City-State-Zip: NORFOLK VA 23513

Title DIRECTOR  
Name ROBY, JOE L  
Address 2510 WALMER AVENUE  
SUITE C  
City-State-Zip: NORFOLK VA 23513

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*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: STEVEN E. HADDER**

**SECRETARY**

**04/08/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name TOFT, SOREN  
Address ESPLANADEN 50  
City-State-Zip: COPENHAGEN 1098

Title OFFICER  
Name MCCAFFERY, PATRICK H  
Address 2510 WALMER AVENUE  
SUITE C  
City-State-Zip: NORFOLK VA 23513

Title DIRECTOR  
Name ROUGHEAD, GARY  
Address 2510 WALMER AVENUE  
SUITE C  
City-State-Zip: NORFOLK VA 23513

Title PRESIDENT  
Name WOODHOUR, WILLIAM E  
Address 1881 CAMPUS COMMONS DRIVE  
SUITE 450  
City-State-Zip: RESTON VA 20191

Title DIRECTOR  
Name GEHMAN, HAROLD W JR.  
Address 2510 WALMER AVENUE  
SUITE C  
City-State-Zip: NORFOLK VA 23513