

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

01/6/02
 AR

DOCUMENT # F01000006431

1. Entity Name
MAERSK LINE, LIMITED CORPORATION

05-24-2002 91287 025 ***150.00

Principal Place of Business
120 CORPORATE BLVD., SUITE 400
NORFOLK VA 23502-4952

Mailing Address
120 CORPORATE BLVD., SUITE 400
NORFOLK VA 23502-4952



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address P.O. BOX 880		4. FEI Number 136122611 APPLIED FOR		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc. TAX DEPARTMENT		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
City & State		City & State MADISON, NJ 07904		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			
			US			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH 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.

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) <input type="checkbox"/>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAUER, BRADFORD F 120 CORPORATE BLVD., SUITE 400 NORFOLK VA 23502-4952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAUER, BRADFORD E. 1292 ALANTON DRIVE VIRGINIA BEACH, VA 23454	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SIMKINS, WILLIAM B 120 CORPORATE BLVD., SUITE 400 NORFOLK VA 23502-4952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIRMAN REINHART, JOHN F. 1672 DAY CLOVE DRIVE VIRGINIA BEACH, VA 23454	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARMEL, STEPHEN 120 CORPORATE BLVD., SUITE 400 NORFOLK VA 23502-4952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARMEL, STEPHEN 623 MAURY AVENUE NORFOLK, VA 23517	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAULDEN, KENNETH C 120 CORPORATE BLVD., SUITE 400 NORFOLK VA 23502-4952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAULDEN, KENNETH 611 NAILS FARM WAY GREAT FALLS, VA 22066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WELCH, DANIEL R 120 CORPORATE BLVD., SUITE 400 NORFOLK VA 23502-4952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WELCH, DANIAL R. 932 ROYAL OAK CLOSE VIRGINIA BEACH, VA 23452	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETERSON, RALPH 120 CORPORATE BLVD., SUITE 400 NORFOLK VA 23502-4952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST COZZA, PAUL 2208 SISTERS WALK COURT VIRGINIA VEACH, VA 23454	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Chapter 607, 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 Date: 04/26/02 Daytime Phone #: (973) 514-5631

Treasurer, Maersk Inc

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)