

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006431

FILED
Apr 27, 2007
Secretary of State

Entity Name: MAERSK LINE, LIMITED CORPORATION

Current Principal Place of Business:

ONE COMMERCIAL PLACE
20TH FLOOR
NORFOLK, VA 23510

New Principal Place of Business:

Current Mailing Address:

PO BOX 880
TAX DEPARTMENT
MADISON, NJ 07904 US

New Mailing Address:

FEI Number: 13-6122611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: XVP () Delete
Name: SAUER, BRADFORD F
Address: ONE COMMERCIAL PLACE, 20TH FL
City-St-Zip: NORFOLK, VA 23510

Title: PCEO () Delete
Name: REINHART, JOHN F
Address: ONE COMMERCIAL PLACE, 20TH FL
City-St-Zip: NORFOLK, VA 23510

Title: SVP () Delete
Name: CARMEL, STEPHEN
Address: ONE COMMERCIAL PLACE, 20TH FL
City-St-Zip: NORFOLK, VA 23510

Title: SVP () Delete
Name: GAULDEN, KENNETH C
Address: 1530 WILSON BLVD, SUITE 650
City-St-Zip: ARLINGTON, VA 22209

Title: VP () Delete
Name: WELCH, DANIEL R
Address: ONE COMMERCIAL PLACE, 20TH FL
City-St-Zip: NORFOLK, VA 23510

Title: VPST () Delete
Name: COZZA, PAUL
Address: ONE COMMERCIAL PLACE, 20TH FL
City-St-Zip: NORFOLK, VA 23510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BOYLE, RICHARD F
Address: 1530 WILSON BLVD, SUITE 650
City-St-Zip: ARLINGTON, VA 22209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HANLEY, EDWARD F
Address: ONE COMMERCIAL PLACE
City-St-Zip: NORFOLK, VA 23510

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL COZZA

VPST

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date