

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006431

FILED  
Apr 14, 2009  
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: VP ( ) Delete  
Name: BOYLE, RICHARD F  
Address: 1530 WILSON BLVD, SUITE 650  
City-St-Zip: ARLINGTON, VA 22209

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

Title: VP ( ) Delete  
Name: MOORE, GREG  
Address: 1530 WILSON BLVD SUITE 650  
City-St-Zip: ARLINGTON, VA 22209

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: GREG MOORE

VP

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date