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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F94000001852 1. Corporation Name INCHCAPE SHIPPING SERVICES, INC.		

562606-90002-33



DO NOT WRITE IN THIS SPACE

Principal Place of Business SUITE 1200 118 NORTH ROYAL STREET MOBILE AL 36602		Mailing Address SUITE 1200 118 NORTH ROYAL STREET MOBILE AL 36602	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		30	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVERSTOCK, STEVE	1.2 NAME	50 CRAGWOOD ROAD
STREET ADDRESS	118 NORTH ROYAL STREET, SUITE 1200	1.3 STREET ADDRESS	30. PLAINFIELD, NJ 07080
CITY-ST-ZIP	MOBILE AL 36602	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORSE, SIMON	2.2 NAME	RODNEY LUNN
STREET ADDRESS	118 NORTH ROYAL STREET, SUITE 1200	2.3 STREET ADDRESS	300 HARRISON MEADOWS BLVD
CITY-ST-ZIP	MOBILE AL 36602	2.4 CITY-ST-ZIP	SEASIDE NJ 07094
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	VICE PRES. DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IAN WHELAN	3.2 NAME	IAN WHELAN
STREET ADDRESS	118 NORTH ROYAL STREET, SUITE 1200	3.3 STREET ADDRESS	118 N. ROYAL ST, SUITE 1200
CITY-ST-ZIP	MOBILE AL	3.4 CITY-ST-ZIP	MOBILE AL 36602
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VICE PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUNEAU, DONALD	4.2 NAME	JOHN M. MITCHELL
STREET ADDRESS	118 NORTH ROYAL STREET, SUITE 1200	4.3 STREET ADDRESS	118 N. ROYAL ST, SUITE 1200
CITY-ST-ZIP	MOBILE AL 36602	4.4 CITY-ST-ZIP	MOBILE AL 36602
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VICE PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GABBETT, RONALD	5.2 NAME	R. TIMOTHY BISHOP
STREET ADDRESS	118 NORTH ROYAL STREET, SUITE 1200	5.3 STREET ADDRESS	118 N. ROYAL ST, SUITE 1200
CITY-ST-ZIP	MOBILE AL 36602	5.4 CITY-ST-ZIP	MOBILE AL 36602
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE VP	IRA S. RUONICK, VICE PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, RACHEL	6.2 NAME	IRA S. RUONICK, VICE PRES.
STREET ADDRESS	118 NORTH ROYAL STREET, SUITE 1200	6.3 STREET ADDRESS	118 N. ROYAL ST, SUITE 1200
CITY-ST-ZIP	MOBILE AL 36602	6.4 CITY-ST-ZIP	MOBILE AL 36602

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, upon an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M. MITCHELL

Vice Pres./Treasurer/Controller

4/23/99 334-405-6326

Daytime Phone

CR2E034 (11/98)