

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90059 026 ***150.00

DOCUMENT # F94000001852

1. Entity Name

INCHCAPE SHIPPING SERVICES, INC.

Principal Place of Business

Mailing Address

SUITE 1200
 118 NORTH ROYAL STREET
 MOBILE AL 36602

SUITE 1200
 118 NORTH ROYAL STREET
 MOBILE AL 36602

2. Principal Place of Business

3. Mailing Address

1087 DOWNTOWNER BLVD

Suite, Apt. #, etc.
#100

Suite, Apt. #, etc.
#100

City & State

MOBILE AL

City & State

MOBILE AL

Zip

36609

Country

USA

Zip

36609

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **63-0923085**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAVERSTOCK, STEVE 50 CRAGWOOD RD SOUTH PLAINFIELD NJ 07080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IAN WHELAN 118 NORTH ROYAL STREET, SUITE 1200 MOBILE AL 36602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC NG, JASON 118 N ROYAL ST., STE 1200 MOBILE AL 36602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BISHOP, R T 118 N ROYAL ST., STE 1200 MOBILE AL 36602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUDNICK, IRA S 118 N ROYAL ST., STE 1200 MOBILE AL 36602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1087 DOWNTOWNER BLVD. #100 MOBILE AL 36609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, VICE PRES, CFO, SECY, TREAS CRAIG NELSON 1087 DOWNTOWNER BLVD #100 MOBILE AL 36609	<input checked="" type="checkbox"/> Change <input 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 empowered.

SIGNATURE:

Craig Nelson

CRAIG NELSON

4/2/01 334-461-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E034 (10/00)

0589614

Attachment

841025
F94000001852

INCHCAPE SHIPPING SERVICES, INC.
FIN 63-0923085

Doc. #

Attachment to Florida 2001 Uniform Business Report

Item 12. Additions/Changes to Officers and Directors

Title	President, Director
Name	Kurt W. Werth
Street Address	2900 Sabre Street
City-State-Zip	Virginia Beach, VA 23452

ADDITION