


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90007 013 \*\*\*150.00

**DOCUMENT # F99000006045**

1. Entity Name  
**KATHARINE MARINE SERVICES LTD. CORP.**



Principal Place of Business  
**1301 L'ORIENT ST  
 SAINT PAUL MN 55117**

Mailing Address  
**1301 L'ORIENT ST  
~~5500 WAZYATA BLVD., SUITE 950~~  
 SAINT PAUL MN 55117**

*part of old a*  
*delete line*

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**1301 L'orient St.**

Suite, Apt. #, etc.

City & State  
**St. Paul MN**

City & State  
**St. Paul MN**

Zip  
**55117**

Country  
**USA**

4. FEI Number  
**98-0213795**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**

**HAFT, STUART J ESQ.  
 321 ROYAL POINCIANA PLAZA, SOUTH  
 PALM BEACH FL 33480**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL DIRECTORS LIMITED	
STREET ADDRESS	BANK OF NOVA SCOTIA BLDG., BOX 884	
CITY-ST-ZIP	GRAND CAYMAN, CAYMAN ISLANDS	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL SECRETARIES LIMITED	
STREET ADDRESS	BANK OF NOVA SCOTIA BLDG., BOX 884	
CITY-ST-ZIP	GRAND CAYMAN, CAYMAN ISLANDS	
TITLE	V	<input type="checkbox"/> Delete
NAME	BATES, VICKIE	
STREET ADDRESS	1301 L'ORIENT ST	
CITY-ST-ZIP	SAINT PAUL MN 55117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Vickie J. Bates* **Vickie J. Bates** **2/3/04** **651-558-3263**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #