

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P34372** (3)

1. Corporation Name
TRAILER BRIDGE, INC.



Principal Place of Business: **500 PARK AVE. FIFTH FLOOR NEW YORK NY 10022**
Mailing Address: **500 PARK AVE. FIFTH FLOOR NEW YORK NY 10022**

3. Date Incorporated or Qualified: **06/19/1991**
3a. Date of Last Report: **03/14/1995**
4. FEI Number: **13-3617986**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PC	NAME: MCLEAN, M.P.	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 500 PARK AVE 5TH FLR	CITY-ST-ZIP: NEW YORK NY	1.2 NAME: Ralph W. Heim
TITLE: VS	NAME: MCCOWN, JOHN D.	1.3 STREET ADDRESS: 4550 Regency Square Blvd, Ste. 500
STREET ADDRESS: 500 PARK AVE 5TH FLR	CITY-ST-ZIP: NEW YORK NY	1.4 CITY-ST-ZIP: Jacksonville Florida 32225
TITLE: V	NAME: HEIM, RALPH W.	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9550 REGENCY SQUARE BLVD., STE. 500	CITY-ST-ZIP: JACKSONVILLE FL	2.2 NAME: M. P. McLean
TITLE: V	NAME: TANNER, MARK A.	2.3 STREET ADDRESS: 500 Park Ave 5th Floor
STREET ADDRESS: 9550 REGENCY SQUARE BLVD., STE. 500	CITY-ST-ZIP: JACKSONVILLE FL	2.4 CITY-ST-ZIP: New York, NY 10022
TITLE: V	NAME: SALVADOR, BARY F.	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9550 REGENCY SQUARE BLVD., STE. 500	CITY-ST-ZIP: JACKSONVILLE FL	3.2 NAME: M. P. McLean
TITLE: V	NAME: MORLEY, J. EDWARD	3.3 STREET ADDRESS: 500 Park Ave 5th Floor
STREET ADDRESS: 9550 REGENCY SQUARE BLVD., STE. 500	CITY-ST-ZIP: JACKSONVILLE FL	3.4 CITY-ST-ZIP: New York, NY 10022

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE: *Mark A. Tanner* DATE: **3/27/96** DAYTIME PHONE: **914-724-4400**

CR2E034 (12/95)