

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001843

Entity Name: SHIPCO TRANSPORT INC.**Current Principal Place of Business:**9901 N.W. 106TH STREET
MEDLEY, FL 33178**Current Mailing Address:**80 WASHINGTON STREET
PO BOX 1411
HOBOKEN, NJ 07030**FEI Number:** 13-3468377**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title GROUP CEO
Name JEPSEN, KLAUS H
Address 80 WASHINGTON ST.
City-State-Zip: HOBOKEN NJ 07030

Title GLOBAL C.O.O.
Name MOGELVANG, CHRISTIAN
Address 80 WASHINGTON STREET
City-State-Zip: HOBOKEN NJ 07030

Title SVP
Name EKSTROEM, KIM
Address 80 WASHINGTON STREET
City-State-Zip: HOBOKEN NJ 07030

Title SEC
Name COZZARELLI, FRANK
Address 80 WASHINGTON STREET
City-State-Zip: HOBOKEN NJ 07030

Title VP AND ASS'T SECRETARY
Name DYRHOLM, STEEN
Address 80 WASHINGTON ST.
City-State-Zip: HOBOKEN NJ 07030

Title VP
Name FRANSON, JOHN
Address 699 SUPREME DRIVE
City-State-Zip: BENSENVILLE IL 60106

Title DIRECTOR
Name JAEPELT, MORTEN
Address SNORRESGADE 18
DK-2300 KOEBENHAVN S.
City-State-Zip: COPENHAGEN DK-2300

Title DIRECTOR
Name SIMONSEN, SUNE
Address SNORRESGADE 18
DK-2300 KOEBENHAVNS S.
City-State-Zip: COPENHAGEN DENMARK

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I hereby 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 all other like empowered.

SIGNATURE: STEEN DYRHOLM**VICE PRESIDENT****04/15/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name MONACO, VINCE
Address 10500 COTE DE LIESSE,
SUITE 114
City-State-Zip: LACHINE, QUEBEC MONTREAL CANADA H8T
1A4

Title VP
Name THORUP, KLAUS
Address 80 WASHINGTON STREET
PO BOX 1411
City-State-Zip: HOBOKEN NJ 07030

Title VP
Name OSTERBACH, GARY
Address 100 W. VICTORIA STREET
City-State-Zip: LONG BEACH CA 90805

Title VP
Name NIELSEN, NIELS
Address 80 WASHINGTON STREET
PO BOX 1411
City-State-Zip: HOBOKEN NJ 07030

Title VP
Name KARAPETIAN, METTE B.
Address 100 W. VICTORIA STREET
City-State-Zip: LONG BEACH CA 90805

Title VP
Name BECK, LINDA
Address 699 KAPKOWSKI ROAD
City-State-Zip: ELIZABETH NJ 07201

Title VP
Name GOVAN, FIONA
Address 80 WASHINGTON STREET
PO BOX 1411
City-State-Zip: HOBOKEN NJ 07030

Title VP
Name JEPSEN, JESPER
Address 80 WASHINGTON STREET
PO BOX 1411
City-State-Zip: HOBOKEN NJ 07030

Title VP
Name KROGH, STIG
Address 80 WASHINGTON STREET
PO BOX 1411
City-State-Zip: HOBOKEN NJ 07030

Title PRESIDENT
Name ZORZI, ROBERT
Address 80 WASHINGTON STREET
PO BOX 1411
City-State-Zip: HOBOKEN NJ 07030