

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P30211

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC7966054453**

**Entity Name:** NETWORK SHIPPING LTD., INC.

**Current Principal Place of Business:**

241 SEVILLA AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 149222  
ATTN: LEGAL DEPT.  
CORAL GABLES, FL 33114-9222 US

**FEI Number:** 65-0204942

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T 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 D  
Name ABU-GHAZALEH, MOHAMMAD  
Address 241 SEVILLA AVENUE, ATTN: LEGAL DEPT.  
City-State-Zip: CORAL GABLES FL 33134

Title D/P  
Name EL-NAFFY, HANI  
Address 241 SEVILLA AVENUE, ATTN: LEGAL DEPT.  
City-State-Zip: CORAL GABLES FL 33134

Title D/CFO/SENIOR VICE PRESIDENT  
Name CONTRERAS, RICHARD  
Address 241 SEVILLA AVENUE, ATTN: LEGAL DEPT.  
City-State-Zip: CORAL GABLES FL 33134

Title SENIOR VICE PRESIDENT/GC/AS  
Name JORDAN, BRUCE A  
Address 241 SEVILLA AVENUE, ATTN: LEGAL DEPT.  
City-State-Zip: CORAL GABLES FL 33134

Title VICE PRESIDNET, CORPORATE FINANCE  
Name VICENTE, MONICA  
Address 241 SEVILLA AVENUE, ATTN: LEGAL DEPT.  
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER  
Name THOMPSON, PETER M  
Address 241 SEVILLA AVENUE, ATTN: LEGAL DEPT.  
City-State-Zip: CORAL GABLES FL 33134

Title VICE PRESIDENT SHIPPING OPERATIONS  
Name LUTTY, HELMUTH  
Address 241 SEVILLA AVENUE, ATTN: LEGAL DEPT.  
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY\RESIDENT REPRESENTATIVE  
Name CONTINENTAL CORPORATE SERVICES LTD.  
Address C/O CONTINENTAL MANAGEMENT LIMITED CENTURY HOUSE, 16 PAR-LA VILLE ROAD  
City-State-Zip: HAMILTON HM08

*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:** BRUCE A. JORDAN

**ASSISTANT SECRETARY 04/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date