2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2008 8:00 am Secretary of State **DOCUMENT # 568541** 1. Entity Name 04-30-2008 90197 042 ***150.00 OCEANIC STEVEDORING COMPANY Mailing Address Principal Place of Business 1007 N. AMERICA WAY %P&O PARTS NORTH AMERICA, INC 99 WOOD AVE. SOUTH-8TH FL. 5TH FLOOR MIAMI, FL 33101 ISELIN, NJ 08830 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112008 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 59-1918860 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D PD Addition TITLE ☑ Delete TITLE Change Ferrucci, mark NAME SCAVONE, ROBERT NAME 99 Wood Ave South - 819 Floor 99 WOOD AVE. SOUTH-8TH FLOOR STREET ADDRESS STREET ADDRESS ISELIN, NJ 08830 CITY-ST-ZIP Iselin, NI 08830 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE ERB, STEPHEN NAME NAME 1007 N AMERICA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 employered 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 attachn with all other like empowered. TEPHEN END Vice President SIGNATURE: RE AND TYPED OR PRINTED NAME OF SIGNING (FFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-7JF

STREET ADDRESS

CITY-ST-ZIP