

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

DOCUMENT # 843024 (1)
1. Corporation Name
MEDITERRANEAN SHIPPING COMPANY (USA) INC.

95 JAN 25 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
420 FIFTH AVE.
NEW YORK NY 10018
US

Mailing Address
420 FIFTH AVE.
NEW YORK NY 10018
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/16/1979		3a. Date of Last Report 02/15/1994	
21		2a		4. FEI Number 13-2696410		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
						8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ARENA, NICOLA	1.2 NAME	
STREET ADDRESS	25 SUTTON PLACE S.	1.3 STREET ADDRESS	16 Skyline Drive
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	Sherman, CT 06784
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	HARTMANN, PETER W	2.2 NAME	
STREET ADDRESS	68 TANGLEWYLDE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRONXVILLE NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HARTMANN, ROLF D	3.2 NAME	
STREET ADDRESS	COLEMAN COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLD SPG HRBR NY	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	MULLANEY, JOHN J.	4.2 NAME	
STREET ADDRESS	621 DEMOTT AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALDWIN NY	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 (if resigned), or on an attachment with an address.

SIGNATURE:

INITIALS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature from 8