

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90375 040 ***550.00

DOCUMENT # 843024

1. Entity Name
MEDITERRANEAN SHIPPING COMPANY (USA) INC.

Principal Place of Business

**420 FIFTH AVE.
 NEW YORK NY 10018
 US**

Mailing Address

**420 FIFTH AVE.
 NEW YORK NY 10018
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-2696410**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PD ARENA, NICOLA** ☐ Delete
 STREET ADDRESS **16 SKYLINE DR.**
 CITY-ST-ZIP **SHERMAN CT**

TITLE
 NAME **Executive Vice President** ☐ Change ☒ Addition
 STREET ADDRESS **Claudio Bozzo**
 CITY-ST-ZIP **422 East 72nd St. Apt 12F
 New York, NY 10021**

TITLE
 NAME **SD HARTMANN, PETER W** ☐ Delete
 STREET ADDRESS **66 TANGLEWYLDE AVE**
 CITY-ST-ZIP **BRONXVILLE NY**

TITLE
 NAME **Director** ☐ Change ☒ Addition
 STREET ADDRESS **Elvio Bourquin c/o MSC**
 CITY-ST-ZIP **40 Avenue Eugene Pittard
 CH1206 Geneva, Switzerland**

TITLE
 NAME **V MULLANEY, JOHN J** ☐ Delete
 STREET ADDRESS **621 DEMOTT AVE.**
 CITY-ST-ZIP **BALDWIN NY**

TITLE
 NAME **Director** ☐ Change ☒ Addition
 STREET ADDRESS **Lawrence Matthews c/o MSC**
 CITY-ST-ZIP **40 Avenue Eugene Pittard
 CH1206 Geneva, Switzerland**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **Director** ☐ Change ☒ Addition
 STREET ADDRESS **Pasquale Formisano c/o MSC**
 CITY-ST-ZIP **40 Avenue Eugene Pittard
 CH1206 Geneva, Switzerland**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE RECEIVED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)