


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 -08:00 AM**  
**Secretary of State**

**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
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-2696410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

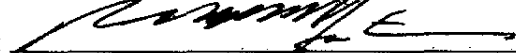
9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARENA, NICOLA 16 SKYLINE DR. SHERMAN, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARTMANN, PETER W 66 TANGLEWYLDE AVE BRONXVILLE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MULLANEY, JOHN J 621 DEMOTT AVE. BALDWIN, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BOZZO, CLAUDIO 422 EAST 72ND ST APT 12F NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURQUIN, ELVIO 40 AVENUE EUGENE PITTARD GENEVA, SWITZERLAND, ch1206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, LAWRENCE 40 AVENUE EUGENE PITTARD GENEVA, SWITZERLAND, ch1206

U000000006309  
 01/16/04-80030-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/16/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #