


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV -7 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 <i>AS ABOVE</i>		3. Mailing Address <i>AS ABOVE</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-2696410	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<i>CHAIRMAN & CEO</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARENA, NICOLA		NAME		
STREET ADDRESS	25 SUTTON PLACE SOUTH APT 15-B		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<i>SR. V.P.</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLANEY, JOHN J		NAME		
STREET ADDRESS	621 DEMOTT AVE.		STREET ADDRESS		
CITY-ST-ZIP	BALDWIN, NY		CITY-ST-ZIP		
TITLE	EVS	<input type="checkbox"/> Delete	TITLE	<i>PRESIDENT</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOZZO, CLAUDIO		NAME		
STREET ADDRESS	458 BUFFALO COURT		STREET ADDRESS		
CITY-ST-ZIP	WEST NEW YORK, NJ 07093		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURQUIN, ELVIO		NAME		
STREET ADDRESS	40 AVENUE EUGENE PITTARD		STREET ADDRESS		
CITY-ST-ZIP	GENEVA, SWITZERLAND, ch1206		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, LAWRENCE		NAME		
STREET ADDRESS	40 AVENUE EUGENE PITTARD		STREET ADDRESS		
CITY-ST-ZIP	GENEVA, SWITZERLAND, ch1206		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 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 title empowered.					
SIGNATURE: <i>C.W. Kolodiy, Controller</i>			Date: <i>11/2/06</i> 212-827-1691		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

11/800