

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **844656** (9)

1. Corporation Name
MAERSK INC.



Principal Place of Business GIRALDA FARMS. MADISON AVENUE P O BOX 880 MADISON NJ 07940-7880	Mailing Address GIRALDA FARMS. MADISON AVENUE P O BOX 880 MADISON NJ 07940-0880
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3. Date Incorporated or Qualified 11/20/1979	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 13-5159146	Applied For Not Applicable
		6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.1508, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMSEN, TOMMY	1.2 NAME	
STREET ADDRESS	210 CANTERBURY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD, NJ 00000	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUHLY, A.B.	2.2 NAME	
STREET ADDRESS	3 POND HILL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOONTON TOWNSHIP NJ	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SODERBERG, JESS	3.2 NAME	
STREET ADDRESS	CARLSMINDEVEJ 5	3.3 STREET ADDRESS	
CITY-ST-ZIP	DK2840 HOLTE DE	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, JOEL	4.2 NAME	
STREET ADDRESS	110 E. END AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 0	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNER, J. RUSSELL	5.2 NAME	
STREET ADDRESS	9 WILLOW DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTER NJ	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EILEEN CASALASPRO	6.2 NAME	
STREET ADDRESS	214 MALLORY AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	STATEN ISLAND NY	6.4 CITY-ST-ZIP	

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Nielsen
Peter Nielsen

4-25-97 (211)
514-500

0003285

CR2E034 (9/96)