

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 844656

1. Entity Name

MAERSK INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90153 026 ***150.00

Principal Place of Business

Mailing Address

GIRALDA FARMS. MADISON AVENUE
P O BOX 880
MADISON NJ 07940-7880

GIRALDA FARMS. MADISON AVENUE
P O BOX 880
MADISON NJ 07940-0880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-5159146

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.

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 P
NAME THOMSEN, TOMMY
STREET ADDRESS 210 CANTERBURY RD
CITY-ST-ZIP WESTFIELD, NJ 00000 ☐ Delete

TITLE D
NAME THOMSEN, TOMMY
STREET ADDRESS 210 CANTERBURY RD
CITY-ST-ZIP WESTFIELD NJ ☐ Delete

TITLE D
NAME SODERBERG, JESS
STREET ADDRESS CARLSMINDEVEJ 5
CITY-ST-ZIP DK2840 HOLTE DE ☐ Delete

TITLE D
NAME COHEN, JOEL
STREET ADDRESS 110 E. END AVENUE
CITY-ST-ZIP NEW YORK, NY 0 ☐ Delete

TITLE V
NAME CONNORS, PHIL
STREET ADDRESS 22 E LANE
CITY-ST-ZIP MADISON NJ ☐ Delete

TITLE AS
NAME EILEEN CASALASPRO
STREET ADDRESS 214 MALLORY AVENUE
CITY-ST-ZIP STATEN ISLAND NY ☐ Delete

TITLE President
NAME Thomsen, Tommy
STREET ADDRESS 210 Canterbury Road.
CITY-ST-ZIP Westfield, NJ 07090 ☒ Change ☐ Addition

TITLE Director
NAME Thomsen, Tommy
STREET ADDRESS 210 canterbury Road
CITY-ST-ZIP Westfield, NJ 07090 ☒ Change ☒ Addition

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

TITLE Director
NAME Cohen, Joel
STREET ADDRESS 110 E. End Avenue
CITY-ST-ZIP New York, NY 10028 ☒ Change ☐ Addition

TITLE V
NAME Connors, Phil
STREET ADDRESS 22 E. Lane
CITY-ST-ZIP Madison, NJ 07940 ☒ Change ☐ Addition

TITLE AS
NAME Eileen Casalaspro
STREET ADDRESS 214 Mallory Ave.
CITY-ST-ZIP Staten Island, NY 10305 ☒ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Phillip Alexander
Treasurer Maersk Inc

4/11/2000 973 514-5000
Date Daytime Phone #

CR2E034 (9/99)