2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# 844656

Entity Name: MAERSK INC.

Current Principal Place of Business:

GIRALDA FARMS, MADISON AVENUE
P O BOX 880
MADISON, NJ 079407880

New Principal Place of Business:

Current Mailing Address:

PO BOX 880
TAX DEPARTMENT
MADISON, NJ 079407880

New Mailing Address:

FEI Number: 13-5159146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: ALEXANDER, C.PHILLIP
Address: 38 DEVONSHIRE LANE
City-St-Zip: MENDHAM, NJ 07845

Title: D ( ) Delete
Name: CLANCEY, JOHN P
Address: 4028 SEMINOLE CT
City-St-Zip: CHARLOTTE, NC 28210

Title: PD ( ) Delete
Name: ANDERSON, THOAMS T
Address: 55 WEST LANE
City-St-Zip: MADISON, NJ 07940

Title: D ( ) Delete
Name: COHEN, JOEL,
Address: 110 E. 2ND AVE
City-St-Zip: NEW YORK, NY 10028

Title: EVP ( ) Delete
Name: CONNORS, PHILIP V
Address: 115 HEMPSTEAD CT
City-St-Zip: MADISON, NJ 07940

Title: AS ( ) Delete
Name: EILEEN CASALASPRO,
Address: 214 MALLORY AVENUE
City-St-Zip: STATEN ISLAND, NY 10305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BRUNER, J RUSSELL
Address: 7 HORTON DRIVE
City-St-Zip: CHESTER, NJ 07930

Title: C (X) Change ( ) Addition
Name: CLANCEY, JOHN P
Address: 4028 SEMINOLE CT
City-St-Zip: CHARLOTTE, NC 28210

Title: SVP (X) Change ( ) Addition
Name: NICOLIASEN, MORTEN K
Address: 28 OLD FARMSTEAD ROAD
City-St-Zip: CHESTER, NJ 07930

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORTEN K. NICOLIASEN SVP 04/26/2005

Electronic Signature of Signing Officer or Director — Date