2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844656

Entity Name: MAERSK INC.

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
GIRALDA FARMS, MADISON AVENUE P O BOX 880 MADISON, NJ 079407880						
Current Mailing Address:			New Mailir	New Mailing Address:		
PO BOX 880 TAX DEPARTMENT MADISON, NJ 079407880						
FEI Number:	13-5159146	FEI Number Applied For () FEI	Number Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US						
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ()EBRUNER, J RUSS 7 HORTON DRIV CHESTER, NJ 0	E	Title: Name: Address: City-St-Zip:	BRUNER, J	FARMS, MADISON AVENUE	
Title: Name: Address: City-St-Zip:	C () C CLANCEY, JOHN 4028 SEMINOLE CHARLOTTE, NO	CT	Title: Name: Address: City-St-Zip:	C CLANCEY, J 6000 CARNE CHARLOTTE	EGIE BLVD	
Title: Name: Address: City-St-Zip:	SVP () E NICOLIASEN, MO 28 OLD FARMST CHESTER, NJ 0	EAD ROAD	Title: Name: Address: City-St-Zip:	NICOLIASEN 2 GIRALDA F	(X) Change () Addition I, MORTEN K FARMS, MADISON AVENUE J 079400880	
Title: Name: Address: City-St-Zip:	D () COHEN, JOEL, 110 E. 2ND AVE NEW YORK, NY	Delete 10028	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	EVP () CONNORS, PHIL 115 HEMPSTEAU MADISON, NJ 07	O CT	Title: Name: Address: City-St-Zip:	CONNORS, I 2 GIRALDA F	(X) Change()Addition PHILIP V FARMS, MADISON AVENUE J 079400880	
Title: Name: Address: City-St-Zip:	AS () E EILEEN CASALA 214 MALLORY A' STATEN ISLAND	VENUÉ	Title: Name: Address: City-St-Zip:	EILEEN CAS 2 GIRALDA F	(X) Change () Addition ALASPRO, FARMS, MADISON AVENUE J 079400880	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 NICOLAISEN SVP 04/21/2006