

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 857078 (0)

1. Corporation Name

MAERSK CONTAINER SERVICE COMPANY, INC.



Principal Place of Business

MADISON AVE.  
P.O. BOX 880  
MADISON NJ 07940-7880

Mailing Address

MADISON AVE.  
P.O. BOX 880  
MADISON NJ 07940-7880

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/12/1983

3a. Date of Last Report

05/01/1995

4. FEI Number

13-2793490

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
NIELSEN, PETER J  
139 HURON DRIVE  
CHATHAM NJ

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
NICOLA, JOHN  
4 CRANE ROAD  
MOUNTAIN LAKES NJ

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DD  
RUHLY, A B  
3 POND HILL DRIVE  
BOOTON TWP NJ

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
NIELSEN, K MOLLER  
50 ESPLANADEN DK 1098  
COPENHAGEN DE

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DC  
CONNORS, PHILIP V  
22 EAST LANE  
MADISON NJ

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
PETRIZZO, ANTHONY  
124 ARAPAHOE TRAIL  
BRANCHBURG NJ

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☒ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Boonton Township, NJ  
K. Erik Moller-Nielsen

200001839902  
-05/25/96--01003--019  
\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4/25/96  
Date

(201) 514-5100  
Phone #  
514-51-96