

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90037 050 \*\*\*150.00

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<b>DOCUMENT # F01000002102</b> 1. Entity Name <b>AMERICAN OVERSEAS MARINE CORPORATION</b>					
Principal Place of Business <b>116 E. HOWARD STREET QUINCY, MA 02169-8712</b>			Mailing Address <b>116 E. HOWARD STREET QUINCY, MA 02169-8712</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>43-1273477</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	PCD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BISHOP, LELAND B II		NAME		
STREET ADDRESS	244 KING CAESAR ROAD		STREET ADDRESS		
CITY-ST-ZIP	DUXBURY, MA 02332		CITY-ST-ZIP		
TITLE	VPVC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOGG, DAVID H		NAME		
STREET ADDRESS	10804 GLEN MIST LANE		STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX, VA 22030		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOGG, DAVID H		NAME		
STREET ADDRESS	10804 GLEN MIST LANE		STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX, VA 22030		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOUSE, MARGARET N		NAME		
STREET ADDRESS	14702 STREAM POND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA 20120		CITY-ST-ZIP		
TITLE	AS <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FLETCHER, KRISTIN L		NAME	<b>Assistant Secretary</b>	
STREET ADDRESS	1007 TUCKERS LANE		STREET ADDRESS	<b>John P. Sullivan</b>	
CITY-ST-ZIP	HINGHAM, MA 02043		CITY-ST-ZIP	<b>35 Evergreen Dr.</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <b>JOHN P SULLIVAN</b>			<b>03/15/04</b>		<b>617 376 8403</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>