

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003621

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** MARINER OPERATIONS USA, INC.

**Current Principal Place of Business:**

93 NORTH PARK PLACE BLVD.  
CLEARWATER, FL 33759

**New Principal Place of Business:**

**Current Mailing Address:**

93 NORTH PARK PLACE BLVD.  
CLEARWATER, FL 33759

**New Mailing Address:**

**FEI Number:** 59-3291448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: COCHRAN, PETER  
Address: 93 NORTH PARK PLACE BLVD  
City-St-Zip: CLEARWATER, FL 33759

Title: DP  
Name: GRISDALE, JONATHAN  
Address: 93 NORTH PARK PLACE BLVD  
City-St-Zip: CLEARWATER, FL 33759

Title: AT  
Name: LUKE, KAREN  
Address: 93 NORTH PARK PLACE BLVD.  
City-St-Zip: CLEARWATER, FL 33759

Title: S  
Name: POOLE, WILLIAM M  
Address: 201 17TH STREET NW, SUITE 1700  
City-St-Zip: ATLANTA, GA 30363

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM M. POOLE

S

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date