


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000005596</b> 1. Entity Name MARITRANS INC.	
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Principal Place of Business TWO HARBOUR PLACE 302 KNIGHTS RUN AVE., 12TH FLOOR TAMPA, FL 33602	Mailing Address TWO HARBOUR PLACE 302 KNIGHTS RUN AVE., 12TH FLOOR TAMPA, FL 33602
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02242006 No Chg-F CR2ED34 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0343903	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

1100000454158  
03/14/06-00051-007 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFDS BROMFIELD, WALTER T 302 KNIGHTS RUN AVE, SUITE 1200 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WHITWORTH, JONATHAN 302 KNIGHTS RUN AVE, SUITE 1200 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONI, ROBERT E 302 KNIGHTS RUN AVE, SUITE 1200 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BROMFIELD, WALTER T 302 KNIGHTS RUN AVE., 12TH FLOOR TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VOLKLE, ARTHUR J JR. 302 KNIGHTS RUN AVE., 12TH FLOOR TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORMAN, C.E. 302 KNIGHTS RUN AVE., 12TH FLOOR TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 a name like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR J. VOLKLE

Date

2/28/06

Daytime Phone #

813-209-069