

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000005

FILED
Apr 28, 2008
Secretary of State

Entity Name: MAERSK CUSTOMS SERVICES INC.

Current Principal Place of Business:

7 GIRALDA FARMS
MADISON AVENUE
MADISON, NJ 079400880

New Principal Place of Business:

Current Mailing Address:

2 GIRALDA FARMS, MADISON AVE
P.O. BOX 880 - TAX DEPT.
MADISON, NJ 079400880

New Mailing Address:

FEI Number: 43-1185120 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: WHITE, MICHAEL J
Address: 7 GIRALDA FARMS, MADISON AVENUE
City-St-Zip: MADISON, NJ 079400880

Title: XVP () Delete
Name: PERCIVAL, JAMES B
Address: 7 GIRALDA FARMS, MADISON AVENUE
City-St-Zip: MADISON, NJ 079400880

Title: D () Delete
Name: CEVA, DOUGLAS C
Address: 7 GIRALDA FARMS, MADISON AVENUE
City-St-Zip: MADISON, NJ 079400880

Title: P () Delete
Name: CAPALDO, ROBERT
Address: 7 GIRALDA FARMS, MADISON AVENUE
City-St-Zip: MADISON, NJ 079400880

Title: VP () Delete
Name: O'NEILL, TERENCE
Address: 808 HINDRY AVENUE
City-St-Zip: INGLEWOOD, CA 92860

Title: ST () Delete
Name: ANDERSEN, JAN K
Address: 7 GIRALDA FARMS, MADISON AVENUE
City-St-Zip: MADISON, NJ 079400880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: JEREMY, HAYCOCK
Address: 7 GIRALDA FARMS, MADISON AVENUE
City-St-Zip: MADISON, NJ 079400880

Title: VP (X) Change () Addition
Name: PERCIVAL, JAMES B
Address: 7 GIRALDA FARMS, MADISON AVENUE
City-St-Zip: MADISON, NJ 079400880

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAN K ANDERSEN

ST

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date