2004 FCR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # F03000005751

MAERSK DATA USA, IINC.



Principal Place of Business

456 SOUTH STREET MORRISTOWN, NJ 07962 Mailing Address

P.O. BOX 1977

MORRISTOWN, NJ 07962

FILED Jul 23, 2004 08:00 AM **Secretary of State**



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07082004

No Chg-P

CR2E034 (10/03)

4. FEI Number 13-3210688

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEE, JOHN C/O MAERSK INC. 790 NW 107TH AVENUE, SUITE 400 MIAMI, FL 33172

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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.

NAME.

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

(NOTE Registered Agent signature required when reinstating)

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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

07/23/04-80006-006 150.00

OFFICERS AND DIRECTORS 10. TITLE ANDERSON, THOMAS T

STREET ADDRESS GIRALDA FARMS, MADISON AVE. MADISON, NJ 07940 CITY-ST-782

BRE NAME

KNUDSEN, STEEN H LYNGBYVEJ 2, DK-2100 COPENHAGEN O, DENMARK,

CITY-ST-ZIP TITLE D

STREET ADDRESS

NAME CAPALDO, ROBERT L

STREET ADDRESS GIRALDA FARMS, MADISON AVE. CITY-ST-ZIP MADISON, NJ 07940

FEJFER, KIM NAME STREET ADDRESS

GIRALDA FARMS, MADISON AVE. MADISON, NJ 07940 CSTY - ST - ZIP

THILE SCHEIBYE, BO NAME

LYNGBYVEJ 2, DK-2100 STREET ADDRESS CITY - ST- ZIP COPENHAGEN O, DENMARK,

RITLE

NIELSEN, AKSEL L STREET ADDRESS 465 SOUTH STREET CITY - ST- ZIP MORRISTOWN, NJ 07962

973-*490-*3449

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 charged, or on an attachment with an addition, with all other like empowered.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR