


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # F04000001915
 1. Entity Name
 TRANSATLANTIC LINES TUGHOLDINGS INC.



Principal Place of Business Mailing Address
 6 LINCOLN AVENUE 6 LINCOLN AVENUE
 GREENWICH, CT 06830 GREENWICH, CT 06830

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
 20-0897167 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	ROSE, BRANDON C
STREET ADDRESS	6 LINCOLN AVENUE
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	VD
NAME	KJAERNESTED, GUDMUNDUR
STREET ADDRESS	6 LINCOLN AVENUE
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	SD
NAME	BOZZI, MARGARET E
STREET ADDRESS	6 LINCOLN AVENUE
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	TD
NAME	ROSE, DOUGLAS F JR.
STREET ADDRESS	6 LINCOLN AVENUE
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000779037
 01/11/08-80022-013 158.75

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 all other like empowered.

SIGNATURE: Gudmundur Kjaernested, VP Date: Jan 8, 08 Daytime Phone #: 203-625-5514