FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92000000457 (3)**

1. Corporation Name
MORAN TOWING OF MIAMI, INC.

Principal Place of Business	Mailing Address
1001 NORTH AMERICAN WAY MIAMI FL 33132 US	TWO GREENWICH PLAZA GREENWICH CT 06830

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/30/1992
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 65-0387415 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	MACLEOD, MALCOLM W	1.2 NAME		
STREET ADDRESS	TWO GREENWICH PLAZA	1.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT	1.4 CITY-ST-ZIP		
TITLE	GMD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	VANTY, MARK D	2.2 NAME		
STREET ADDRESS	TWO GREENWICH PLAZA	2.3 STREET ADDRESS	1001 North American Way	
CITY-ST-ZIP	GREENWICH CT 06830	2.4 CITY-ST-ZIP	Miami, FL 33132	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	MARCHISOTTO, ALAN	3.2 NAME		
STREET ADDRESS	TWO GREENWICH PLAZA	3.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT 06830	3.4 CITY-ST-ZIP		
TITLE	CL	4.1 TITLE		☐ Change ☐ Addition
NAME	MCAULAY, JEFFREY J	4.2 NAME		
STREET ADDRESS	TWO GREENWICH PLAZA	4.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE	VTD	☒ Change ☐ Addition
NAME	CHRISTENSEN, LEE R	5.2 NAME		
STREET ADDRESS	TWO GREENWICH PLAZA	5.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	CD	☐ Change ☒ Addition
NAME		6.2 NAME	Paul R. Tregurtha	
STREET ADDRESS		6.3 STREET ADDRESS	Two Greenwich Plaza	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Greenwich, CT 06830	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Alan Marchisotto 1/20/95 203 625-7046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0303051 FP