

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001852

1. Entity Name

INCHCAPE SHIPPING SERVICES, INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90121 044 ***150.00

Principal Place of Business

Mailing Address

SUITE 1200
118 NORTH ROYAL STREET
MOBILE AL 36602

SUITE 1200
118 NORTH ROYAL STREET
MOBILE AL 36602-3616

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-0923085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HAVERSTOCK, STEVE
STREET ADDRESS 50 CRAGWOOD RD
CITY-ST-ZIP SOUTH PLAINFIELD NJ 07080 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME LUNN, RODNEY
STREET ADDRESS 300 HARBOR MEADOWS BLVD
CITY-ST-ZIP SECAUCUS NJ 07094 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME IAN WHELAN
STREET ADDRESS 118 NORTH ROYAL STREET, SUITE 1200
CITY-ST-ZIP MOBILE AL 36602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME MITCHELL, JOHN M
STREET ADDRESS 118 N ROYAL ST., STE 1200
CITY-ST-ZIP MOBILE AL 36602 ☒ Delete

TITLE VP, CONTROLLER
NAME JASON NG
STREET ADDRESS 118 N ROYAL ST.
CITY-ST-ZIP MOBILE, AL 36602 ☐ Change ☒ Addition

TITLE VP
NAME BISHOP, R T
STREET ADDRESS 118 N ROYAL ST., STE 1200
CITY-ST-ZIP MOBILE AL 36602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME RUDNICK, IRA S
STREET ADDRESS 118 N ROYAL ST., STE 1200
CITY-ST-ZIP MOBILE AL 36602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address with or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)