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Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000005992 (0)

1. Corporation Name
DMUSA INC.



Principal Place of Business
1 INTERCONTINENTAL WAY
PEABODY MA 01960

Mailing Address
1 INTERCONTINENTAL WAY
PEABODY MA 01960-3841

3. Date Incorporated or Qualified
11/15/1996

3a. Date of Last Report

4. FEI Number
04-3190558

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC
NAME POWELL, PETER H
STREET ADDRESS 1 INTERCONTINENTAL WAY
CITY-ST-ZIP PEABODY MA 01960

1.1 TITLE ☐ Change ☐ Addition

TITLE DCS
NAME POWELL, PAUL A
STREET ADDRESS 1 INTERCONTINENTAL WAY
CITY-ST-ZIP PEABODY MA 01960

1.2 NAME ☐ Change ☐ Addition

TITLE DP
NAME POWELL, DAVID
STREET ADDRESS 1 INTERCONTINENTAL WAY
CITY-ST-ZIP PEABODY MA 01960

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D
NAME OORD, ROB
STREET ADDRESS DAMCO MARITIME INTERNATIONAL, WESTBLAAK 94
CITY-ST-ZIP 3012 KM ROTTERDAM, NETHERLAN

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME SAGGAESE, JOSEPH
STREET ADDRESS 3 HUDSON PL
CITY-ST-ZIP HOBOKEN NJ 07030

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.5 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: [Signature] PAUL A. POWELL 1/7/97 508-535-7073

CR2E034 (9/96)