

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90247 038 \*\*\*150.00

DOCUMENT # F96000005992

1. Corporation Name  
DMUSA INC.



Principal Place of Business  
1 INTERCONTINENTAL WAY  
PEABODY MA 01960

Mailing Address  
1 INTERCONTINENTAL WAY  
PEABODY MA 01960

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/15/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		04-3190558	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, PETER H	1.2 NAME	
STREET ADDRESS	1 INTERCONTINENTAL WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEABODY MA 01960	1.4 CITY-ST-ZIP	
TITLE	DCS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, PAUL A	2.2 NAME	
STREET ADDRESS	1 INTERCONTINENTAL WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEABODY MA 01960	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, DAVID	3.2 NAME	
STREET ADDRESS	1 INTERCONTINENTAL WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEABODY MA 01960	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OORD, ROB	4.2 NAME	
STREET ADDRESS	DAMCO MARITIME INTERNATIONAL, WESTBLAAK 94	4.3 STREET ADDRESS	
CITY-ST-ZIP	3012 KM ROTTERDAM, NETHERLAN	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAGGAESE, JOSEPH	5.2 NAME	
STREET ADDRESS	3 HUDSON PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOBOKEN NJ 07030	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Paul A. Powell, Treasurer

4/15/99

978-535-7073

Date

Daytime Phone #

CR2E034 (11/98)