

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

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

04-22-1999 90247 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/15/1996	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27 Suite, Apt. #, etc.		28 City & State		29 Zip	
30 Country		31		32	
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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	
		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	DC <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COORD, 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 <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: Paul A. Powell, Treasurer Date: 4/15/99 Daytime Phone #: 978-535-7073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

CR2E034 (11/98)