

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006928

1. Entity Name

WILH. WILHELMSSEN (USA), INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90129 027 ***150.00

Principal Place of Business

Mailing Address

8405 N.W. 53RD ST
SUITE C104
MIAMI FL 33166
US

401 E. PRATT STREET
SUITE 1400
BALTIMORE MD 21202-3003
US

2. Principal Place of Business

3. Mailing Address

307 Tchoupitoulas Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Orleans, LA

Zip

Country

Zip

Country

70130

4. FEI Number

13-5529338

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 ☐ Delete
NAME TONSBURG, BJORN O
STREET ADDRESS 401 E PRATT ST, SUITE 1400
CITY-ST-ZIP BALTIMORE MD 21202

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

TITLE SCFO ☐ Delete
NAME WARZINSKI, THOMAS J
STREET ADDRESS 401 E PRATT ST., SUITE 1400
CITY-ST-ZIP BALTIMORE MD 21202

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

TITLE C ☐ Delete
NAME SKAUG, INGAR
STREET ADDRESS 401 E. PRATT ST, SUITE 1400
CITY-ST-ZIP BALTIMORE MD 21202

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

TITLE D ☐ Delete
NAME LAWRENCE, JEFFREY
STREET ADDRESS 401 E PRATT ST, SUITE 1400
CITY-ST-ZIP BALTIMORE MD 21202

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE:

Thomas J. Lawrence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00
Date

(410) 659-7508
Daytime Phone #

CR2E034 (9/99)