

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90011 013 ***150.00

DOCUMENT # F98000006794

1. Entity Name

MORRISON MARITIME, INC.

Principal Place of Business

**1430 NW 82ND AVENUE
 MIAMI FL 33126**

Mailing Address

**2000 HUGHES WAY
 EL SEGUNDO CA 90245**

2. Principal Place of Business

1430 NW 82ND Avenue

**Suite, Apt. #, etc.
 MIAMI, FLORIDA**

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4155503

Applied For

Not Applicable

Zip
33126

Country
USA

Zip

Country

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

**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

Name **SAME AS LEFT**

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.

JUDY LIANG/SECRETARY

APRIL 10, 2002

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, 2002 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 ☒ Delete
 NAME **P**
 STREET ADDRESS **CHI, JACKSON**
 CITY-ST-ZIP **2000 HUGHES WAY
 EL SEGUNDO CA 90245**

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **CHIU, DANNY**
 CITY-ST-ZIP **2000 HUGHES WAY
 EL SEGUNDO CA 90245**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **MA, TONY**
 CITY-ST-ZIP **2000 HUGHES WAY
 EL SEGUNDO CA 90245**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **LIANG, JUDY**
 CITY-ST-ZIP **2000 HUGHES WAY
 EL SEGUNDO CA 90245**

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

TITLE ☒ Delete
 NAME **C**
 STREET ADDRESS **CHIU, THANG-LIEN**
 CITY-ST-ZIP **2000 HUGHES WAY
 EL SEGUNDO CA 90245**

TITLE ☒ Change ☐ Addition
 NAME **V**
 STREET ADDRESS **VOGT, STEFAN**
 CITY-ST-ZIP **2000 HUGHES WAY
 EL SEGUNDO CA 90245**

TITLE ☒ Delete
 NAME **VC**
 STREET ADDRESS **CHIU, CHWEI-BIN**
 CITY-ST-ZIP **2000 HUGHES WAY
 EL SEGUNDO CA 90245**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **DAY, SUSAN**
 CITY-ST-ZIP **2000 HUGHES WAY
 EL SEGUNDO CA 90245**

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2002
 Date

(310) 322-8999
 Daytime Phone #

CR2E034 (9/01)