

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006748

FILED  
Mar 16, 2011  
Secretary of State

Entity Name: OSG AMERICA LLC

**Current Principal Place of Business:**

302 KNIGHTS RUN AVENUE, SUITE 1200  
TWO HARBOUR PLACE  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

302 KNIGHTS RUN AVENUE, SUITE 1200  
TWO HARBOUR PLACE  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 11-3812935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DC  
Name: ARNTZEN, MORTEN  
Address: 666 THIRD AVENUE, 5TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: DP  
Name: ITKIN, MYLES R  
Address: 666 THIRD AVENUE, 5TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: D  
Name: JOHNSTON, ROBERT E  
Address: 302 KNIGHTS RUN AVENUE, SUITE 1200  
City-St-Zip: TAMPA, FL 33602

Title: DCFO  
Name: FLINTER, HENRY P  
Address: 302 KNIGHTS RUN AVENUE, SUITE 1200  
City-St-Zip: TAMPA, FL 33602

Title: S  
Name: EDELSON, JAMES I  
Address: 666 THIRD AVENUE, 5TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: T  
Name: MILLER, JERRY  
Address: 666 THIRD AVENUE, 5TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES I. EDELSON

S

03/16/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date