FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P08630 **DOCUMENT #**

(6)

WILHELMSEN LINES (USA), INC.

4416116	LIVIOLIN	-11420 (00%)											
Principal Place of Business Mailing Address													
WORLD TRA	ADE CENTER	WORLD TRADE CENTER STE. 1400											
BALTIMORE MD 21202 BALTIMORE MD 21202									3. Date Incorporated or Qualified	3a. Date	of Last R	eport	
									01/03/1986	0	3/22/19	95	
2. Principal Place of Business				Ra. Mailing Address					4. FL1 Number 13-3313553			Applied For	
21				5					Not Applicate Not Applicate S8.75 Additional			Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	Fee Required			
22 City & State				City & State					6. Election Campaign Financing	\$5.00 May Be			
23				<u> </u>					Trust Fund Contribution Added to Fees				
Zιρ	F			Zip Cour			y 8. This corporation has lability Florida Statutes			for intangible tax under s 199.032, Yes XX No			
24	25 25 9. Name and Address of Current			9 30					10. Name and Address of New Registered Agent				
	9. Name	and Address o	of Current Regis	stered Agent		81	Nan	 10	IV. Name and Address of Nov	, togicioto			
THE DE	DENTICE H	ALL CODDOD	ATION CYCTEN	A INC					ess (P.O. Box Number is Not Accepta	in a second			
THE PRENTICE-HALL CORPORATION SY 1201 HAYS STREET				1110.		82	Stre	et Addri	ess (F.O. Dox Nomber is Not Accepte	iolej			
SUITE 105													
TALLAHASSEE FL 32301							City		u. aug u ^ u		85 Zı	p Code	
							L		at a stable statement for the p	FL	angino ite i	rogistered office	
 11. Pursuant or register 	to the provis red agent, or	ions of Sections both, in the Sta	607.0502 and 60 te of Florida. Suc	07,1508, Florida State h change was author	lites, the aborized by the c	ve-r orp	namec oratio	i corpor n's boai	ation submits this statement for the p d of directors. Thereby accept the ap	pointment as	s registered	i agent. I am	
familiar wi	ith, and acce	pt the obligation	s of, Section 607	.0505, Florida Statute	es.								
SIGNATURE	Skinature typed	or printed name of reg	istered agont and life if	applicatio 3	NOTE Registered	Agen	d Signat	re, re pare	d who increstate gr	DATE			
12. OFFICERS AND				DIBECTORS . 1					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TitlE	D			☐ DELETE							Change	Addition	
NAME SOLLIEN, ODD							1.3 STREET AUDRESS						
STREET ADDRESS WORLD TRADE CENTER, ST				OHE 1400				SS					
CITY-ST-ZIP TITLE	P	NOUS IND		☐ DELETE	2 1 II		31 - 71P				Change	Addition	
NAME		en, raabe			22 NA						_	_	
STREET ADDRESS			ITER, STE 140	0	2351	REE1	LADDRE	SS					
CITY-ST-ZIP		MORE MD	·		2 4 CI	1Y - S	ST - ZiF						
THUE	D			XIX) DELFTE	3 1 1	TLF			IRECTOR		🔀 Change	Addition	
NAME		n, finstad			3.2 N	ME			ANG, JAN-EYVIN				
STAFET ADDRESS			iter, ste 140	10	33 S	18SE	ACDA.1		ORLD TRADE CENTER,	STE. 14	100		
CITY-ST-ZIP		MORE MD					\$1 - ZIF	<u> B</u>	ALTIMORE, MD 21202		Change	☐ Addition	
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NAME	LIADIE	g, ingar Es vet 188, 1	aaa HUMK		42 N/		· ADODE						
STREET ADDRESS			JZZ HOVIK				, VOOBE	55					
CITY-ST-ZIP TITLE	NORV	<u> </u>		DELETE	5 1 1		ST-ZIP	$-\frac{1}{51}$	ECRETARY		Change	XX Addition	
NAME					52 N			- 1	LOOMER, MARK				
STREET ADDRESS							LADORE		ORLD TRADE CENTER,	STE. 14	100	ļ	
CITY-ST-ZIP							ST-ZIP		ALTIMORE, MD 21202				
TITLE	+ -			DELETE	611						Change	☐ Addition	
NAME					6.2 N	AME		1					
STREET ADDRESS					6.3 S	IREE	FDDA 1	SS				ļ	

CHY-ST-7/P

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 early; that I am an officer or director of the corporation or the recever rustee 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 git an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

410 - 783 2315

CR2E034 (12/95)