

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08630 (6)

1. Corporation Name
WILHELMSSEN LINES (USA), INC.



Principal Place of Business: **WORLD TRADE CENTER STE. 1400 BALTIMORE MD 21202**
Mailing Address: **WORLD TRADE CENTER STE. 1400 BALTIMORE MD 21202**

3. Date Incorporated or Qualified: **01/03/1986**
3a. Date of Last Report: **03/22/1995**
4. F11 Number: **13-3313553**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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

Signature: typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SOLLIE, ODD	
STREET ADDRESS	WORLD TRADE CENTER, SUITE 1400	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MORTEN, RAABE	
STREET ADDRESS	WORLD TRADE CENTER, STE 1400	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BJORN, FINSTAD	
STREET ADDRESS	WORLD TRADE CENTER, STE 1400	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SKAUG, INGAR	
STREET ADDRESS	MARIES VET 18B, 1322 HOVIK	
CITY-ST-ZIP	NORWAY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WANG, JAN-EYVIN
3.3 STREET ADDRESS	WORLD TRADE CENTER, STE. 1400
3.4 CITY-ST-ZIP	BALTIMORE, MD 21202
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BLOOMER, MARK
5.3 STREET ADDRESS	WORLD TRADE CENTER, STE. 1400
5.4 CITY-ST-ZIP	BALTIMORE, MD 21202
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96 410-783 2315
DATE DAYTIME PHONE #

CR2E034 (12/95)