

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P14096**

1. Entity Name

**NORWEGIAN CRUISE LINE LIMITED, A BERMUDA CORPORA****FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90116 029 \*\*\*150.00

0146454

Principal Place of Business  
7665 CORPORATE CENTER DR  
MIAMI FL 33126  
USMailing Address  
%ROBERT M KRITZMAN  
7665 CORPORATE CENTER DR  
MIAMI FL 33126  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2786897**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**MASE, CURTIS J ESQ**  
**2600 BRICKELL BAY OFFICE TOWER**  
**1001 S BAYSHORE DR**  
**MIAMI FL 33131**

## 7. Name and Address of New Registered Agent

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, 2001 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	VEITCH, COLIN	
STREET ADDRESS	7665 CORPORATE CENTER DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	SIEM KRISTIAN	
STREET ADDRESS	7665 CORPORATE CENTER DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HOLLIS, WENDELL MALCOLM	
STREET ADDRESS	REID HOUSE CHURCH ST.	
CITY-ST-ZIP	HAMILTON, BERMUDA	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	COOLER, LAMARR	
STREET ADDRESS	7665 CORPORATE CENTER DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KRITZMAN, ROBERT M.	
STREET ADDRESS	7665 CORPORATE CENTER DR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ole Lund	
STREET ADDRESS	Stranden 73	
CITY-ST-ZIP	0250 Oslo, Norway	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julie Stanton	
STREET ADDRESS	Reid House Church Street	
CITY-ST-ZIP	Hamilton, Bermuda	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rolf Johan Ringdal	
STREET ADDRESS	Stranden 73	
CITY-ST-ZIP	0250 Oslo, Norway	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Brooks	
STREET ADDRESS	200 Aldersgate Street	
CITY-ST-ZIP	London EC1A 4JJ, England	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-01 (305) 436-4651

CR2E034 (10/00)