

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90013 023 ***158.75

DOCUMENT # P14096

1. Entity Name
NORWEGIAN CRUISE LINE LIMITED, A BERMUDA CORPORATION

Principal Place of Business
**7665 CORPORATE CENTER DR
 MIAMI FL 33126
 US**

Mailing 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 & State

City & State

4. FEI Number **59-2786897**

Applied For
 Not Applicable

Zip

Country

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

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
80 S.W. Eight Street
 Suite 2700
 City **Miami** **FL** Zip Code **33130**

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, 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 **DP** ☐ Delete
 NAME **VEITCH, COLIN**
 STREET ADDRESS **7665 CORPORATE CENTER DR**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **DC** ☒ Delete
 NAME **SIEM KRISTIAN**
 STREET ADDRESS **7665 CORPORATE CENTER DR**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **DVP** ☐ Delete
 NAME **HOLLIS, WENDELL MALCOLM**
 STREET ADDRESS **REID HOUSE CHURCH ST.**
 CITY-ST-ZIP **HAMILTON, BERMUDA**

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

TITLE **EVP** ☐ Delete
 NAME **COOLER, LAMARR**
 STREET ADDRESS **7665 CORPORATE CENTER DR**
 CITY-ST-ZIP **MIAMI FL**

TITLE **EVP/D** ☒ Change ☐ Addition
 NAME **COOLER, LAMARR**
 STREET ADDRESS **7665 Corporate Center Drive**
 CITY-ST-ZIP **Miami, FL 33126**

TITLE **VS** ☐ Delete
 NAME **KRITZMAN, ROBERT M.**
 STREET ADDRESS **7665 CORPORATE CENTER DR**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VS/D** ☒ Change ☐ Addition
 NAME **KRITZMAN, ROBERT M.**
 STREET ADDRESS **7665 Corporate Center Drive**
 CITY-ST-ZIP **Miami, FL 33126**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **PATTERSON, BRIAN**
 STREET ADDRESS **Reid House Church Street**
 CITY-ST-ZIP **Hamilton, Bermuda**

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 another like empowered.

SIGNATURE:

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

April 29, 2002

305-436-4651

Date Daytime Phone #

Robert M. Krizman Sr. Vice President

CR2E034 (9/01)