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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his 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 empowere. Phillip Alexander

GNATURE:

SIGNATURE AND TYPED OF BRINTED NAME OF SIGNING OFFICER OF DIRECTOR.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

SIGNATURE:

BOOSTER TO

BROWN, CLARK

9 CHESTERFIELD DR

CHESTER NJ 07930

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

☐ Chance

☐ Addition

Attachment Doc. # 932369 954853

MAERSK LOGISTICS INC. GIRALDA FARMS, MADISON AVE PO BOX 885 MADISON, NEW JERSEY 07940-0885

DIRECTORS: CHAIRMAN

NAME/ADDRESS

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DIRECTOR

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1 Hachment Doc. # \$32369
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