

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P32369**

1. Entity Name
MAERSK LOGISTICS USA INC.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90104 024 ***150.00

0897482
FP

Principal Place of Business
**GIRALDA FARMS
MADISON AVENUE
MADISON NJ 07940-0880**

Mailing Address
**GIRALDA FARMS
MADISON AVE. TAX DEPT
MADISON NJ 07940-0880
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-2904364**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **CHIARELLO, ANTHONY A**
STREET ADDRESS **11 HUNTER TRAIL**
CITY-ST-ZIP **CHESTER NJ 07930**

TITLE **P D** ☒ Change ☐ Addition
NAME **ANTHONY CHIARELLO**
STREET ADDRESS **286 HARLINGEN ROAD**
CITY-ST-ZIP **BELLE MEAD, NJ 08502**

TITLE **VP** ☐ Delete
NAME **SCAPPATORI, FRANK**
STREET ADDRESS **100 FORDHAM DRIVE**
CITY-ST-ZIP **ABERDEEN NJ 07747**

TITLE **D** ☐ Change ☐ Addition
NAME **PHILIP V CONNORS**
STREET ADDRESS **115 HEMPSTEAD COURT**
CITY-ST-ZIP **MADISON, NJ 07940**

TITLE **OS** ☐ Delete
NAME **ANDERSEN, JAN K**
STREET ADDRESS **7 RAMSEY WAY**
CITY-ST-ZIP **LONG VALLEY NJ 07853**

TITLE **VP S** ☒ Change ☐ Addition
NAME **JAN K ANDERSEN**
STREET ADDRESS **SAME**
CITY-ST-ZIP

TITLE **C** ☐ Delete
NAME **ANDERSEN, THOMAS T**
STREET ADDRESS **55 WEST LANE**
CITY-ST-ZIP **MADISON NJ 07940**

TITLE **VP** ☐ Change ☐ Addition
NAME **MICHAEL J. NOONE**
STREET ADDRESS **4 MAXIE LANE**
CITY-ST-ZIP **SPARTA, NJ 07871**

TITLE **T** ☐ Delete
NAME **FEJFER, KIM**
STREET ADDRESS **8 BRIARCLIFF TERRACE**
CITY-ST-ZIP **KINNELON NJ 07405**

TITLE **D** ☐ Change ☐ Addition
NAME **MARK C MALAMBRI**
STREET ADDRESS **3 DORCHESTER DRIVE**
CITY-ST-ZIP **DENVILLE, NJ 07834**

TITLE **D** ☒ Delete
NAME **BROWN, CLARK E**
STREET ADDRESS **3022 ASHFORD GLENN DRIVE**
CITY-ST-ZIP **WEDDINGTON NC 28104**

TITLE **D** ☐ Change ☐ Addition
NAME **J RUSSELL BRUNER**
STREET ADDRESS **7 HORTON DRIVE**
CITY-ST-ZIP **CHESTER, NJ 07930**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **C. Phillip Alexander**
Vice President, Maersk Inc.

04/28/03

Date

(973) 514-5631

Daytime Phone #

CR2E034 (10/02)