

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36978

1. Entity Name

AEI OCEAN SERVICES INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90111 037 ***150.00

Principal Place of Business	Mailing Address
25 COMMERCE DRIVE CRANFORD NJ 07016	120 TOKENEKE RD DARIEN CT 06820-4825 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	22-3140639	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARR, MICHAEL	NAME	
STREET ADDRESS	120 TOKENEKE RD	STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT 06820	CITY-ST-ZIP	
TITLE	VPS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATZBI, MARK	NAME	
STREET ADDRESS	120 TOKENEKE RD	STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT 06820	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAULEY, DANIEL J.	NAME	
STREET ADDRESS	120 TOKENEKE RD	STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT 06820	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHRMANN, GUENTER	NAME	
STREET ADDRESS	120 TOKENEKE RD	STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT 06820	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN, DENNIS M	NAME	
STREET ADDRESS	120 TOKENEKE ROAD	STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT 06820	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an officer or director empowered.

SIGNATURE:

SIGNATURE *[Signature]* SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL J. MCCAULEY

4/24/00

Date

(203) 655-7900

Daytime Phone #