

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90319 007 ***150.00

DOCUMENT # P99000042612
1. Entity Name
 MARITIME TRUST, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2109 NE 24th St
 Suite, Apt. #, etc.

3. Mailing Address PO Box 1601
 Suite, Apt. #, etc.

City & State Ft. Lauderdale FL
City & State Darien CT
Zip 33305 **Country** USA **Zip** 06820 **Country** USA

4. FEI Number 59-3583456
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name PAUL De MARIANO
Street Address (P.O. Box Number is Not Acceptable)
 2109 NE 24th St
City Ft. Lauderdale FL **Zip Code** 33305

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 Paul DeMariano **Paul DeMariano** **4.8.02**
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	D Burley, Chester 9 Old Kings Hwy So. 4th Fl Darien CT 06820	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Chester Burley **Chester Burley** **203.662.7670**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)