

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V42843**

1. Entity Name

SEMCO MARITIME, INC.



Principal Place of Business

112 J STREET  
SECOND FLOOR  
SACRAMENTO, CA 95814 US

Mailing Address

112 J STREET  
SECOND FLOOR  
SACRAMENTO, CA 95814 US



01272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0339548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000418774  
02/13/06-80029-003 150.00

10. OFFICERS AND DIRECTORS

TITLE

DIR

NAME

NIELSEN, ERIK G

STREET ADDRESS

STENHUGGERVEJ 12-14

CITY-ST-ZIP

ESBJERG V, DENMARK, DK 6710

TITLE

D

NAME

HANSEN, JAN E

STREET ADDRESS

STENHUGGERVEJ 12-14

CITY-ST-ZIP

ESBJERG V, DENMARK, DK 6710

TITLE

PRES

NAME

NIELSEN, VAGN

STREET ADDRESS

10801 KEMPWOOD DRIVE, SUITE 1

CITY-ST-ZIP

HOUSTON, TX 77043

TITLE

TREA

NAME

NIELSEN, VAGN

STREET ADDRESS

10801 KEMPWOOD DRIVE, SUITE 1

CITY-ST-ZIP

HOUSTON, TX 77043

TITLE

SEC

NAME

MARTENSEN, FINN

STREET ADDRESS

112 J STREET, 2ND FLOOR

CITY-ST-ZIP

SACRAMENTO, CA 95814

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.27.06

Date

916-448-9088

Daytime Phone #