

1.) CORPORATION NAME:

**MAERSK INC.**

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0433849**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000
PREFA	60,000
PREFB	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2 GIRALDA FARMS  
MADISON AVE - TAX DEPT

CITY/ST/ZIP: MADISON, NJ 07940

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	J RUSSELL BRUNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	2 GIRALDA FARMS, MADISON AVENUE		
CITY/ST/ZIP/CO:	MADISON, NJ 07940-0880		

NAME:	MICHAEL COLANGELO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2 GIRALDA FARMS		
CITY/ST/ZIP/CO:	MADISON AVENUE MADISON, NJ 07940-0880		

NAME:	LILLIAN KANDYBOWICZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2 GIRALDA FARMS		
CITY/ST/ZIP/CO:	MADISON AVENUE MADISON, NJ 07940		

NAME:	JOEL L COHEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	110 EAST END AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10028		

NAME:	MICHAEL COLANGELO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2 GIRALDA FARMS		
CITY/ST/ZIP/CO:	MADISON AVENUE MADISON, NJ 07940		

NAME:	MARK TIERNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2 GIRALDA FARMS		
CITY/ST/ZIP/CO:	MADISON AVENUE MADISON, NJ 07940		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM R WILLIAMS VICE PRESIDENT 9300 ARROWPOINT BLVD CHARLOTTE, NC 28273	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA ARNESEN TREASURER 2 GIRALDA FARMS MADISON AVENUE MADISON, NJ 07940	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MICHAEL COLANGELO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL COLANGELO, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/29/2012 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.