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LOBBYING REPORTANIO:

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

Prefix Mr. First	William V. Last	Brierre				
2. Address	ifferent than previously reported		***************************************		·····	
1803 Nicholson La	ine					
City Alexandria	State	VA	Zip Code 2	22302	Country	USA
3. Principal place of business (if different	ent than line 2)					
City Washington City		DC c/Zip or Country	Zip Code 2	20036	Country	US
4a. Contact Name Prefix Full Name	b. Telephone number	c. f	E-mail	***************************************	5. Senate ID#	
Mr. William V. Brierre	(202) 641-5117 us	sa.wbrierre@d	ma-cgm.c	om	7007	⁷ -87
7. Client Name Self Maersk Inc.			***************************************		6. House ID# 3269 1	1006
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First Name William V.	Name Last Name Brierre	Suffix Jr.	Covered Official Position (if a	
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Registrant Name William V. Brierre	Client Name Maersk Inc.
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18. Name of each individual who acted as a lobbyist in	n this issue area
Name First Name Last Name Suffix William V. Brierre Jr.	Covered Official Position (if applicable)
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Printed Name and Title William V Brieffe President LD-2DS (REV. 4/03)	

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Registrant Name William V. Brierre	Client Name Maersk Inc.
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First Name William V.	Last Name Brierre	Suffix Jr.	Covere	d Official Position (if applicable)
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Registrant Name William V. Brierre			Client Name Maersk Inc.			
Information Up	odate Page -	Complete ONLY v	where registration inf	ormation has chan	ged.	
20. Client new addre Address	ess				<u> </u>	
City	^	····	State Zip Co	ede Co	untry	
21. Client new princ	cipal place of bus	iness (if different than li	ne 20)			
City 22. New general des	scription of client	's business or activities	State Zip Coo	de Co	untry	
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23. Name of each part Name	previously repor	rted individual who is	no longer expected to ac	ct as a lobbyist for the	client	
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24. General lobbyi		o longer pertain	Find the code	to select below:		
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AFFILIATED O 25. Add the follow		- · · · ·				
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26. Name of each p	previously repor	ted organization that i	s no longer affiliated wi	th the registrant or elic	ent	
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FOREIGN ENT. 27. Add the following	-	ies				
Name	Street Address City	Address State/Province Country	Principal place of business (city and state or country)	Amount of contribution for tobbying activities	****	
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28. Name of each pro affiliated organiza	eviously reported ttion	foreign entity that no lo	nger owns, <u>or</u> controls, <u>or</u>	is affiliated with the reg	gistrant, c	
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