

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Odyssey Marine Exploration, Inc.	COURT CASE NUMBER 8:08-CV-1045-T-26-MAP
DEFENDANT Unidentified, Wrecked & (for finders-right purposes) Abandoned Sailing vessel, etc.	TYPE OF PROCESS Arrest

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Unidentified, Wrecked & (for finders-right purposes) Abandoned Sailing vessel, etc. and piece of glass
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)


SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Eric C. Thiel and Allen von Spiegel Fowler White Boggs Banker P.A. P.O. Box 1438 Tampa, FL 33602	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	1
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):


Fold

Artifacts are being delivered to the office of the U.S. Marshal for the Middle District of Florida.

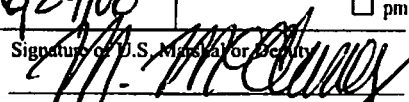
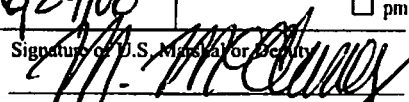
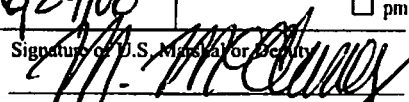
Fold

Signature of Attorney Other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 813-222-1196	DATE 6/19/08
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin 18	District to Serve 18	Signature of Authorized USMS Deputy or Clerk 	Date 6/24/08
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode						
Address (complete only different than shown above)	<table border="1"> <tr> <td>Date 6/24/08</td> <td>Time 10:15</td> <td><input checked="" type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td colspan="3">Signature of U.S. Marshal or Deputy </td> </tr> </table>	Date 6/24/08	Time 10:15	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm	Signature of U.S. Marshal or Deputy 		
Date 6/24/08	Time 10:15	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm					
Signature of U.S. Marshal or Deputy 							

Service Fee 45.00	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges 45.00	Advance Deposits 45.00	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00