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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 855117 (8)
1. Corporation Name
HAPAG-LLOYD (AMERICA) INC.



Principal Place of Business

Mailing Address

399 HOES LANE
TAX DEPARTMENT
PISCATAWAY NJ 08854
US

399 HOES LANE
TAX DEPARTMENT
PISCATAWAY NJ 08854
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME ~~MANSKE, JUERGEN~~
STREET ADDRESS 399 HOES LANE
CITY-ST-ZIP PISCATAWAY NJ

11 TITLE PRESIDENT ☐ Change ☒ Addition
12 NAME WULF DEHN
13 STREET ADDRESS 399 HOES LANE
14 CITY-ST-ZIP PISCATAWAY, NJ 08854

TITLE SP ☐ DELETE
NAME ANTHONY FIRMIN
STREET ADDRESS 399 HOES LANE
CITY-ST-ZIP PISCATAWAY NJ

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE VP ☒ DELETE
NAME SOCT, JOHN
STREET ADDRESS 399 HOES LANE
CITY-ST-ZIP PISCATAWAY NJ

31 TITLE VP ☐ Change ☒ Addition
32 NAME JAMES NEWSOME
33 STREET ADDRESS 399 HOES LANE
34 CITY-ST-ZIP PISCATAWAY, NJ 08854

TITLE VP ☐ DELETE
NAME SHARON JAIN
STREET ADDRESS 399 HOES LANE
CITY-ST-ZIP PISCATAWAY NJ

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME TIM COLLINS
STREET ADDRESS 399 HOES LANE
CITY-ST-ZIP PISCATAWAY NJ

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME MICHELE MURTHA
STREET ADDRESS 399 HOES LANE
CITY-ST-ZIP PISCATAWAY NJ

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I hereby certify that the information supplied in 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 annual report or supplementary annual 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 member of a partnership or trust empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)