


FILED
Sep 04, 2007 8:00 am
Secretary of State

08-02-2007 90011 021 ***150.00
09-04-2007 90041 011 ***400.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 855117 1. Entity Name HAPAG-LLOYD (AMERICA) INC.	
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Principal Place of Business 399 HOES LANE TAX DEPARTMENT PISCATAWAY, NJ 08854 US	Mailing Address 399 HOES LANE TAX DEPARTMENT PISCATAWAY, NJ 08854 US
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DO NOT WRITE IN THIS SPACE

03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-2520327	Applied For Not Applicable
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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 ROAD
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: _____ (NOTE: Registered Agent signature required when (re)registering) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACK, RUDY 399 HOES LANE PISCATAWAY, NJ 08854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWSOME, JAMES 245 TOWNEPARK DR KENNESAW, GA 30144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHARON JAIN 399 HOES LANE PISCATAWAY, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIM COLLINS 2122 YORK RD., SUITE 250 OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ANGELATOS, HERCULES 399 HOES LANE PISCATAWAY, NJ 08854
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: Michael Stillman, President Date: _____ Daytime Phone # _____