

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855117

FILED
Aug 18, 2009
Secretary of State

Entity Name: HAPAG-LLOYD (AMERICA) INC.

Current Principal Place of Business:

399 HOES LANE
TAX DEPARTMENT
PISCATAWAY, NJ 08854 US

New Principal Place of Business:

Current Mailing Address:

399 HOES LANE
TAX DEPARTMENT
PISCATAWAY, NJ 08854 US

New Mailing Address:

FEI Number: 13-2520327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KLAUS, ALTSADT
Address: 399 HOES LANE
City-St-Zip: PISCATAWAY, NJ 08854

Title: VP () Delete
Name: NEWSOME, JAMES
Address: 245 TOWNEPARK DR
City-St-Zip: KENNESAW, GA 30144

Title: VP () Delete
Name: SHARON JAIN
Address: 399 HOES LANE
City-St-Zip: PISCATAWAY, NJ

Title: VP () Delete
Name: TIM COLLINS
Address: 2122 YORK RD., SUITE 250
City-St-Zip: OAK BROOK, IL 60523

Title: SVF () Delete
Name: ANGELATOS, HERCULES
Address: 399 HOES LANE
City-St-Zip: PISCATAWAY, NJ 08854

Title: T () Delete
Name: STILLITANO, MICHAEL
Address: 399 HOES LANE
City-St-Zip: PISCATAWAY, NJ 08854 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEWSOME, JAMES
Address: 399 HOES LANE
City-St-Zip: PISCATAWAY, NJ 08854

Title: VP (X) Change () Addition
Name: FREESE, WOLFGANG
Address: 245 TOWNEPARK DR
City-St-Zip: KENNESAW, GA 30144

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL STILLITANO

TRES

08/18/2009

Electronic Signature of Signing Officer or Director

_____ Date