



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F94000006038 1. Entity Name HAMBURG SUD NORTH AMERICA, INC.	
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Principal Place of Business 465 SOUTH STREET MORRISTOWN, NJ 07960 US	Mailing Address 465 SOUTH STREET MORRISTOWN, NJ 07960 US
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DO NOT WRITE IN THIS SPACE


01042007 No Chg-P CR2E034 (11/05)
4. FEI Number
22-3021384
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

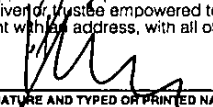
**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP LARKIN, FRANCIS 465 SOUTH STREET MORRISTOWN, NJ 07960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP PUMP, JURGEN 465 SOUTH STREET MORRISTOWN, NJ 07960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAST, O DR 465 SOUTH ST MORRISTOWN, NJ 07960
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U000000578915
01/09/07-80048-012 150.00
**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:  **01/09/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #