2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 14, 2009
Secretary of State

DOCUMENT# F94000006038

Entity Name: HAMBURG SUD NORTH AMERICA, INC.

Current Principal Place of Business:

465 SOUTH STREET
MORRISTOWN, NJ 07960 US

New Principal Place of Business:

Current Mailing Address:

465 SOUTH STREET
MORRISTOWN, NJ 07960 US

New Mailing Address:

FEI Number: 22-3021384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: FRANCIS
Address: 465 SOUTH STREET MORRISTOWN NJ 07960
City-St-Zip: MORRISTOWN, NJ US

Title: S ( ) Delete
Name: JURGEN
Address: 465 SOUTH STREET MORRISTOWN NJ 07960
City-St-Zip: MORRISTOWN, NJ US

Title: P ( ) Delete
Name: DR O
Address: 465 SOUTH ST MORRISTOWN NJ 07960
City-St-Zip: MORRISTOWN, NJ US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: LARKIN, FRANCIS
Address: 465 SOUTH STREET MORRISTOWN NJ 07960
City-St-Zip: MORRISTOWN, NJ US

Title: S (X) Change ( ) Addition
Name: PUMP, JURGEN
Address: 465 SOUTH STREET MORRISTOWN NJ 07960
City-St-Zip: MORRISTOWN, NJ US

Title: P (X) Change ( ) Addition
Name: GAST, DR O
Address: 465 SOUTH ST MORRISTOWN NJ 07960
City-St-Zip: MORRISTOWN, NJ US

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: JURGEN PUMP S 07/14/2009

Electronic Signature of Signing Officer or Director Date