2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004728

Entity Name: HOEGH AUTOLINERS INC.

FILED Mar 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 500 N. BROADWAY JERICHO ATRIUM JERICHO, NY 11753 **Current Mailing Address: New Mailing Address:** 500 N. BROADWAY JERICHO ATRIUM JERICHO, NY 11753 FEI Number: 13-2733940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WARREN, LARRY 9620 DAVE RAWLS BLVD **BLOUNT ISLAND TERMINAL** JACKSONVILLE, FL 32226 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: **PRFS** (X) Change () Addition BUTCHER, JAMES E Name: Name: BUTCHER, JAMES E 27 MILL DAM ROAD 27 MILL DAM ROAD Address: Address: City-St-Zip: SMITHTOWN, NY 11787 City-St-Zip: SMITHTOWN, NY 11787 US Title: Title: () Delete (X) Change () Addition LYNGAS, PER GUSTAV Name: LYNGAS, PER GUSTAV Name: WERGELANDSVEIEN 7, BOX 2596 SOLLI DRAMMENSVEIEN 134, PO BOX 4 SKOYEN Address: Address: OSLO,, NO N0-023 NO City-St-Zip: City-St-Zip: OSLO,, NO N-0212 NO Title: () Delete Title: SECR (X) Change () Addition WINOGRAD, ROY SORENSEN, MARC Name: Name: 7 GENTORE COURT 23 COLUMBINE LANE Address: Address: City-St-Zip: EDISON, NJ 08820 City-St-Zip: KINGS PARK, NY 11754 US Title: (X) Delete Title: () Change () Addition KRISTOFFERSEN, ANDERS N Name: Name: Address: WERGELANDSVEIEN 7, PO BOX 2596 SOLLI Address: City-St-Zip: OSLO,, NO N0-023 NO City-St-Zip: Title: (X) Delete Title: () Change () Addition JENSEN, CHARLES Name: Name: WERGELANDSVEIEN 7. PO BOX 2596 SOLLI Address: Address: City-St-Zip: OSLO,, NO N0-023 NO City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL LUSBY CONT 03/16/2007