2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004728

Entity Name: HOEGH AUTOLINERS INC.

23 COLUMBINE LANE

KINGS PARK, NY 11754 US

Address: City-St-Zip: FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 500 N. BROADWAY 50 JERICHO QUADRANGLE JERICHO ATRIUM SUITE 210 JERICHO, NY 11753 JERICHO, NY 11753 **Current Mailing Address: New Mailing Address:** 500 N. BROADWAY 50 JERICHO QUADRANGLE SUITE 210 JERICHO ATRIUM JERICHO, NY 11753 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 DAVÉ 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: PRFS () Delete Title: () Change () Addition Name: BUTCHER, JAMES E Name: 27 MILL DAM ROAD Address: Address: City-St-Zip: SMITHTOWN, NY 11787 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: LYNGAS, PER GUSTAV Name: DRAMMENSVEIEN 134, PO BOX 4 SKOYEN Address: Address: OSLO,, NO N-0212 NO City-St-Zip: City-St-Zip: Title: Title: SECR () Delete () Change () Addition SORENSEN, MARC Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: DANIEL LUSBY CONT 03/19/2009