

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000008164

Entity Name: HAPAG-LLOYD (AMERICA) LLC**Current Principal Place of Business:**3 RAVINIA DRIVE
SUITE 1600
ATLANTA, GA 30346**Current Mailing Address:**3 RAVINIA DRIVE
SUITE 1600
ATLANTA, GA 30346 US**FEI Number:** 13-2520327**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Authorized Person(s) Detail :

Title CHAIRMAN
Name HABBEN JANSEN, ROLF
Address BALLINDAMM 25
City-State-Zip: D-20095 HAMBURG

Title SVP
Name BRAUCH, ANDREAS
Address 3 RAVINIA DRIVE
SUITE 1600
City-State-Zip: ATLANTA GA 30346

Title SVP
Name PEARSON, HARDY
Address 3 RAVINIA DRIVE
SUITE 1600
City-State-Zip: ATLANTA GA 30346

Title SVP
Name ENGEL, THOMAS
Address 3 RAVINIA DRIVE
SUITE 1600
City-State-Zip: ATLANTA GA 30346

Title PRESIDENT
Name SANDLIN, STUART
Address 3 RAVINIA DRIVE
SUITE 1600
City-State-Zip: ATLANTA GA 30346

Title TREASURER
Name BRANLY, SHANE
Address 3 RAVINIA DRIVE
SUITE 1600
City-State-Zip: ATLANTA GA 30346

Title SVP
Name NEMMARA, SUBRAMANIAN
Address 3 RAVINIA DRIVE
SUITE 1600
City-State-Zip: ATLANTA GA 30346

Title SVP
Name STIGSON, TORBJORN
Address 3350 SW 148TH AVENUE
City-State-Zip: MIRAMAR FL 33027

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I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHANE BRANLY**TREASURER****01/23/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title SVP
Name CALELLO, MARIEL
Address 3 RAVINIA DRIVE
 SUITE 1600
City-State-Zip: ATLANTA GA 30346

Title SVP
Name SILVA, PEDRO
Address 3 RAVINIA DRIVE
 SUITE 1600
City-State-Zip: ATLANTA GA 30346