

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000008164

**Entity Name:** HAPAG-LLOYD (AMERICA) LLC**Current Principal Place of Business:**399 HOES LANE  
PISCATAWAY, NJ 08854**Current Mailing Address:**399 HOES LANE  
PISCATAWAY, NJ 08854 US**FEI Number:** 13-2520327**Certificate of Status Desired:** Yes**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: HAMBURG AL

Title SECRETARY  
Name STILLITANO, MICHAEL  
Address 399 HOES LANE  
City-State-Zip: PISCATAWAY NJ 08854

Title SVP  
Name HARTMANN, TORSTEN  
Address 399 HOES LANE  
City-State-Zip: PISCATAWAY NJ 08854

Title SVP  
Name DECICCIO, ANTONIO  
Address 3350 SW 148TH AVE  
City-State-Zip: MIRAMAR FL 33027

Title SVP  
Name PEARSON, HARDY  
Address 3030 WARRENVILLE RD  
City-State-Zip: LISLE IL 60532

Title SVP  
Name ENGEL, THOMAS  
Address 399 HOES LANE  
City-State-Zip: PISCATAWAY NJ 08854

Title SVP  
Name SANDLIN, STUART  
Address 245 TOWNPARK DRIVE  
City-State-Zip: KENNESSAW GA 30144

Title CONTROLLER  
Name SILVER, STANLEY  
Address 399 HOES LANE  
City-State-Zip: PISCATAWAY NJ 08854

**Continues on page 2**

*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:** STANLEY SILVER**TREASURER****04/15/2019**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           SVP  
Name           CLEAVE, GARY  
Address        11410 GREENS CROSSING  
City-State-Zip: HOUSTON TX 77067  
  
Title           AUTHORIZED REPRESENTATIVE  
Name           ANGELATOS, HERCULES  
Address        5515 SPALDING DR  
City-State-Zip: PEACHTREE CORNERS GA 30092

Title           PRESIDENT  
Name           OSTERGAARD, UFFE  
Address        399 HOES LANE  
City-State-Zip: PISCATAWAY NJ 08854  
  
Title           AUTHORIZED MEMBER  
Name           COUTINHO, FRED  
Address        399 HOES LANE  
City-State-Zip: PISCATAWAY NJ 08854