

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:31

**DOCUMENT # 855117 (8)**

1. Corporation Name  
**HAPAG-LLOYD (AMERICA) INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**399 HOES LANE  
TAX DEPARTMENT  
PISCATAWAY NJ 08854  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/29/1982** 3a. Date of Last Report **05/24/1994**

4. FEI Number **13-2520327** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WERNER PINNOW</b>	12 NAME	<b>JUERGEN MANSKE</b>
STREET ADDRESS	<b>30 BUCKINGHAM DRIVE</b>	13 STREET ADDRESS	<b>399 HOES LANE</b>
CITY - ST - ZIP	<b>PRINCETON NJ</b>	14 CITY - ST - ZIP	<b>PISCATAWAY NJ 08854</b>
TITLE	V	2.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEPERE, FERDINAND V.</b>	22 NAME	<b>ULRICH KRANICH</b>
STREET ADDRESS	<b>5670 AMBOY RD</b>	23 STREET ADDRESS	<b>399 HOES LANE</b>
CITY - ST - ZIP	<b>STATEN ISLAND NY</b>	24 CITY - ST - ZIP	<b>PISCATAWAY NJ 08854</b>
TITLE	V	3.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JUERGEN, GEBHARDT</b>	32 NAME	<b>JOHN SOLT</b>
STREET ADDRESS	<b>332 SEAVIEW CIR</b>	33 STREET ADDRESS	<b>399 HOES LANE</b>
CITY - ST - ZIP	<b>NEPTUNE NJ</b>	34 CITY - ST - ZIP	<b>PISCATAWAY NJ 08854</b>
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JUERGEN, PUMP</b>	42 NAME	
STREET ADDRESS	<b>111 BARBAREE WAY</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>TIBURON CA</b>	44 CITY - ST - ZIP	
TITLE	C	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASTELLANO, ANTHONY</b>	52 NAME	
STREET ADDRESS	<b>3056 AVENUE R</b>	53 STREET ADDRESS	<b>399 HOES LANE</b>
CITY - ST - ZIP	<b>BROOKLYN NY</b>	54 CITY - ST - ZIP	<b>PISCATAWAY NJ 08854</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anthony Castellano **ANTHONY CASTELLANO** - Controller 4/17/95 (908) 562-1800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR