


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 855117
1. Entity Name
HAPAG-LLOYD (AMERICA) INC.



Principal Place of Business 399 HOES LANE TAX DEPARTMENT PISCATAWAY, NJ 08854 US	Mailing Address 399 HOES LANE TAX DEPARTMENT PISCATAWAY, NJ 08854 US
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03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2520327	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

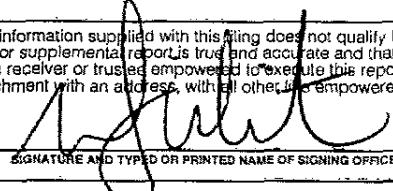
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACK, RUDY 399 HOES LANE PISCATAWAY, NJ 08854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWSOME, JAMES 245 TOWNEPARK DR KENNESAW, GA 30144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHARON JAIN 399 HOES LANE PISCATAWAY, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIM COLLINS 2122 YORK RD., SUITE 250 OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDREAS, ROTHE 399 HOES LANE PISCATAWAY, NJ 08854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000329174
04/25/05-80105-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered

SIGNATURE:  DATE: 4/21/05 DAYTIME PHONE #: 732 685-6118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR