

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 15 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08212008 Chg-P CR2E034 (12/06)

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-2520327	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee 400136101634 18/08--01039--024 **558.75		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACK, RUDY 399 HOES LANE PISCATAWAY, NJ 08854	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLAUS ALTSADT 399 HOES LANE PISCATAWAY NJ 08854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWSOME, JAMES 245 TOWNEPARK DR KENNESAW, GA 30144	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer MICHAEL STALLITANO 399 HOES LANE PISCATAWAY NJ 08854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHARON JAIN 399 HOES LANE PISCATAWAY, NJ	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controller Anthony CASTELLANO 399 HOES LANE PISCATAWAY NJ 08854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIM COLLINS 2122 YORK RD., SUITE 250 OAK BROOK, IL 60523	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVF ANGELATOS, HERCULES 399 HOES LANE PISCATAWAY, NJ 08854	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 9/8/08 Daytime Phone # _____	

9/16/08