

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855117

FILED  
Aug 18, 2009  
Secretary of State

Entity Name: HAPAG-LLOYD (AMERICA) INC.

## Current Principal Place of Business:

399 HOES LANE  
TAX DEPARTMENT  
PISCATAWAY, NJ 08854 US

## New Principal Place of Business:

## Current Mailing Address:

399 HOES LANE  
TAX DEPARTMENT  
PISCATAWAY, NJ 08854 US

## New Mailing Address:

FEI Number: 13-2520327      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KLAUS, ALTSADT  
Address: 399 HOES LANE  
City-St-Zip: PISCATAWAY, NJ 08854

Title: VP ( ) Delete  
Name: NEWSOME, JAMES  
Address: 245 TOWNEPARK DR  
City-St-Zip: KENNESAW, GA 30144

Title: VP ( ) Delete  
Name: SHARON JAIN  
Address: 399 HOES LANE  
City-St-Zip: PISCATAWAY, NJ

Title: VP ( ) Delete  
Name: TIM COLLINS  
Address: 2122 YORK RD., SUITE 250  
City-St-Zip: OAK BROOK, IL 60523

Title: SVF ( ) Delete  
Name: ANGELATOS, HERCULES  
Address: 399 HOES LANE  
City-St-Zip: PISCATAWAY, NJ 08854

Title: T ( ) Delete  
Name: STILLITANO, MICHAEL  
Address: 399 HOES LANE  
City-St-Zip: PISCATAWAY, NJ 08854 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: NEWSOME, JAMES  
Address: 399 HOES LANE  
City-St-Zip: PISCATAWAY, NJ 08854

Title: VP (X) Change ( ) Addition  
Name: FREESE, WOLFGANG  
Address: 245 TOWNEPARK DR  
City-St-Zip: KENNESAW, GA 30144

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL STILLITANO

TRES

08/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date