

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 855117 (8)

1. Corporation 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 08854-4115
US

3. Date Incorporated or Qualified 12/29/1982
3a. Date of Last Report 04/23/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

10. Name and Address of New Registered Agent
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's signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANSKE, JUERGEN | 1.2 NAME | |
| STREET ADDRESS | 399 HOES LANE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PISCATAWAY NJ | 1.4 CITY-ST-ZIP | |
| TITLE | VP <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | SUP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KRANICH, ULRICH | 2.2 NAME | ANTHONY FIRMIN |
| STREET ADDRESS | 399 HOES LANE | 2.3 STREET ADDRESS | 399 HOES LANE |
| CITY-ST-ZIP | PISCATAWAY NJ | 2.4 CITY-ST-ZIP | PISCATAWAY, NJ 08854 |
| TITLE | VP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOCT, JOHN | 3.2 NAME | |
| STREET ADDRESS | 399 HOES LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PISCATAWAY NJ | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | UP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STILLTANO, MICHAEL | 4.2 NAME | SHARU JAIN |
| STREET ADDRESS | 399 HOES LANE | 4.3 STREET ADDRESS | 399 HOES LANE |
| CITY-ST-ZIP | PISCATAWAY NJ | 4.4 CITY-ST-ZIP | PISCATAWAY, NJ 08854 |
| TITLE | C <input type="checkbox"/> DELETE | 5.1 TITLE | UP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CASTELLANO, ANTHONY | 5.2 NAME | TIM COLLINS |
| STREET ADDRESS | 399 HOES LANE | 5.3 STREET ADDRESS | 399 HOES LANE |
| CITY-ST-ZIP | PISCATAWAY NJ | 5.4 CITY-ST-ZIP | PISCATAWAY, NJ 08854 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | UP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | MICHAEL MURTHA |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 399 HOES LANE |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | PISCATAWAY, NJ 08854 |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in changed or on an attachment with an address.

SIGNATURE: *M. Stillitano* MICHAEL STILLTANO 1/18/97 9088561R
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)