


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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90129 032 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 855117**

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 US
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DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified <b>12/29/1982</b>	4. FEI Number <b>13-2520327</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	<del>WULF, DEHN</del>	
STREET ADDRESS	<del>399 HOES LANE</del>	
CITY-ST-ZIP	<del>PISCATAWAY NJ 08854</del>	
TITLE	SP	<input type="checkbox"/> DELETE
NAME	ANTHONY FIRMIN	
STREET ADDRESS	399 HOES LANE	
CITY-ST-ZIP	PISCATAWAY NJ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NEWSOME, JAMES	
STREET ADDRESS	399 HOES LANE	
CITY-ST-ZIP	PISCATAWAY NJ 08854	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHARON JAIN	
STREET ADDRESS	399 HOES LANE	
CITY-ST-ZIP	PISCATAWAY NJ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TIM COLLINS	
STREET ADDRESS	399 HOES LANE	
CITY-ST-ZIP	PISCATAWAY NJ	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MICHELE MURTHA	
STREET ADDRESS	399 HOES LANE	
CITY-ST-ZIP	PISCATAWAY NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RUDY MACK	
1.3 STREET ADDRESS	399 HOES LANE	
1.4 CITY-ST-ZIP	PISCATAWAY NJ 08854	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	2122 YORK RD	
5.3 STREET ADDRESS	SUITE 250	
5.4 CITY-ST-ZIP	OAKBROOK IL 60523	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 if changed, or on an Attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** PAEL STILLITANO 4/1/99 732 562-1800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)