

1.) CORPORATION NAME:

HAPAG-LLOYD (AMERICA) INC.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0421612**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 399 HOES LANE

CITY/ST/ZIP: PISCATAWAY, NJ 08854

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: WOLFGANG FREESE TITLE: PRESIDENT ADDRESS: 399 HOES LANE CITY/ST/ZIP/CO: PISCATAWAY, NJ 08854</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL STILLITANO TITLE: TREASURER ADDRESS: 399 HOES LANE CITY/ST/ZIP/CO: PISCATAWAY, NJ 08854</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ANTHONY CASTELLANO TITLE: CORP CONTLLR ADDRESS: 399 HOES LANE CITY/ST/ZIP/CO: PISCATAWAY, NJ 08854</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: TIMOTHY COLLINS TITLE: SVP AREA NE ADDRESS: 3030 WARRENVILLE RD CITY/ST/ZIP/CO: LISLE, IL 60532</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PATRICK MCGRATH TITLE: SVP TRADE MG TP ADDRESS: 399 HOES LANE CITY/ST/ZIP/CO: PISCATAWAY, NJ 08854</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ULRICH KRANICH TITLE: DIRECTOR ADDRESS: BALLINDAMM 25 CITY/ST/ZIP/CO: HAMBURG, 20095, DE</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: STANLEY O'SHER TITLE: DIRECTOR ADDRESS: 1900 MARKET ST CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: HERCULES ANGELATOS TITLE: SECRETARY ADDRESS: 399 HOES LANE CITY/ST/ZIP/CO: PISCATAWAY, NJ 08854	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PETER BRAEDEL TITLE: SVP OPERATIONS ADDRESS: 399 HOES LANE CITY/ST/ZIP/CO: PISCATAWAY, NJ 08854	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ANTONIO DECICCIO TITLE: SVP TRADE MG LA ADDRESS: 401 EAST JACKSON ST CITY/ST/ZIP/CO: TAMPA, FL 33602	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: GARY CLEAVE TITLE: SVP SALES & CS ADDRESS: 399 HOES LANE CITY/ST/ZIP/CO: PISCATAWAY, NJ 08854	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: HARDY PEARSON TITLE: SVP AREA CARIB ADDRESS: 401 EAST JACKSON ST CITY/ST/ZIP/CO: TAMPA, FL 33602	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: SALVADOR BRUNO TITLE: SVP AREA GULF P ADDRESS: 11410 GREENS CROSSING CITY/ST/ZIP/CO: HOUSTON, TX 77067	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: STUART RATTRAY TITLE: SVP AREA SE ADDRESS: 245 TOWNPARK DR CITY/ST/ZIP/CO: KENNESAW, GA 30144	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ ANTHONY CASTELLANO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANTHONY CASTELLANO, CORP CONTLLR PRINTED NAME AND CORPORATE TITLE
12/5/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	