

1.) CORPORATION NAME:

**APM Terminals North America, Inc.**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1788753**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 APM TERMINALS BLVD

CITY/ST/ZIP: PORTSMOUTH, VA 23703

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.

NAME:	ERIC SISCO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P,CEO		
ADDRESS:	1000 APM TERMINALS BLVD		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23703		

NAME:	JOHN CROWLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1000 APM TERMINALS BLVD		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23703		

NAME:	STACY FALES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1000 APM TERMINALS BLVD		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23703		

NAME:	JONATHAN GOLDNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1000 APM TERMINALS BLVD		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23703		

NAME:	WIM LAGAAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1000 APM TERMINALS BLVD		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23703		

NAME:	JOHN LOEPPRICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	9300 ARROWPOINT BLVD.		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28273		

NAME: KIM FEJFER TITLE: DIRECTOR ADDRESS: OUD WASSENAARSEWEG 2 CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: CHRISTIAN MOLLER LAURSEN TITLE: DIRECTOR ADDRESS: TURFMARKT 107 CITY/ST/ZIP/CO: HAGUE,2511 ,NETHERLANDS , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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.

<u>/s/ JOHN LOEPPRICH</u>	<u>JOHN LOEPPRICH, SECRETARY</u>	<u>4/23/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.