

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003148

FILED
Jan 04, 2012
Secretary of State

Entity Name: BOLLORE, INC.

Current Principal Place of Business:

60 LOUISAVIENS DRIVE
DAYVILLE, CT 062410530

New Principal Place of Business:

Current Mailing Address:

60 LOUISAVIENS DRIVE
DAYVILLE, CT 062410530

New Mailing Address:

FEI Number: 06-1057290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEDRAZZOLI, ABEL
107 DORCHESTER
WEST PALM, FL 33417 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

OFFICERS AND DIRECTORS:

Title: PD
Name: BRUNETTI, STEPHEN M
Address: 19 LEGENDARY ROAD
City-St-Zip: EAST LYME, CT 06333

Title: S
Name: BLOCK, MARK
Address: 138 MAIN STREET
City-St-Zip: NORWICH, CT 06360

Title: T
Name: VICKERS, ROBERT H
Address: 4 JUDY LANE
City-St-Zip: PLAINFIELD, CT 06374

Title: C
Name: MCTAIS, JEAN-MARC
Address: ODCT BP 607
City-St-Zip: QUIMPER CEDEX 29551 FRANCE,

Title: VC
Name: BOLLORE, CEDRIC
Address: ODCT BP 607
City-St-Zip: QUIMPER CEDEX 29551 FRANCE,

Title: D
Name: FLAGEUL, PHILIPPE
Address: ODCT BP 607
City-St-Zip: QUIMPER CEDEX 29551 FRANCE,

I hereby 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 all other like empowered.

SIGNATURE: ROBERT VICKERS

TREA

01/04/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date