

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005281

FILED
Apr 18, 2011
Secretary of State

Entity Name: SUCDEN AMERICAS CORPORATION

Current Principal Place of Business:

701 BRICKELL AVE
STE 1200
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

701 BRICKELL AVE
STE 1200
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 22-2019920 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P,D
Name: SONGEUR, THIERRY J CEO
Address: 701 BRICKELL AVE SUITE 1200
City-St-Zip: MIAMI, FL 33131

Title: D
Name: VARSANO, SERGE
Address: 20/22, RUE DE LA VILLE L EVEQUE
City-St-Zip: 75008 PARIS 75008/FRANCE,

Title: D
Name: BOURVIS, THIERRY
Address: 20122 RUE DE LA VILLE LEVEQUE
City-St-Zip: 75008 PARIS, 75

Title: D
Name: DEMAL, SAMI
Address: 20122 RUE LA LAVILLE LEVEQUE
City-St-Zip: 75008 PARIS, FR

Title: VP,D
Name: SOTTILE, NICHOLAS CFO
Address: 701 BRICKELL AVENUE SUITE 1200
City-St-Zip: MIAMI, FL 33131 US

Title: VP,D
Name: NEHAMA, FRANCOIS-DAVID
Address: 701 BRICKELL AVENUE SUITE 1200
City-St-Zip: MIAMI, FL 33131 US

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: NICHOLAS SOTTILE

VP

04/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date