

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003148

Entity Name: BOLLORE, INC.

Current Principal Place of Business:

60 LOUISAVIENS DRIVE
DAYVILLE, CT 06241-0530

Current Mailing Address:

60 LOUISAVIENS DRIVE
DAYVILLE, CT 06241-0530

FEI Number: 06-1057290

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEDRAZZOLI, ABEL
127 WELLINGTON "G"
WEST PALM, FL 33417 US

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

Officer/Director Detail :

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

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

Title TREASURER
Name NUNEZ, LYANETTE
Address 1051 NORWICH RD
City-State-Zip: PLAINFIELD CT 06374

Title C
Name METAIS, JEAN-MARC
Address ODCT BP 607
City-State-Zip: QUIMPER CEDEX 29551

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

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

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: LYANETTE NUNEZ

ACCOUNTING MANAGER 01/21/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date