# 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0900003148

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

# Name and Address of Current Registered Agent:

PEDRAZZOLI, ABEL 127 WELLINGTON "G" WEST PALM, FL 33417 US CC6722943145

Certificate of Status Desired: Yes

FILED Jan 08, 2014

Secretary of State

Date

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

# Officer/Director Detail :

	Title	PD	Title	S
	Name	BRUNETTI, STEPHEN M	Name	BLOCK, MARK
	Address	19 LEGENDARY ROAD	Address	138 MAIN STREET
	City-State-Zip:	EAST LYME CT 06333	City-State-Zip:	NORWICH CT 06360
	Title	т	Title	С
	Name	VICKERS, ROBERT H	Name	METAIS, JEAN-MARC
	Address	4 JUDY LANE	Address	ODCT BP 607
	City-State-Zip:	PLAINFIELD CT 06374	City-State-Zip:	QUIMPER CEDEX 29551
			Title	D
	Title	VC	The	D
	Name	BOLLORE, CEDRIC	Name	FLAGEUL, PHILIPPE
	Address	ODCT BP 607	Address	ODCT BP 607
	City-State-Zip:	QUIMPER CEDEX 29551	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: ROBERT VICKERS

TREASURER

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date