

**2015 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 T  
Name VICKERS, ROBERT H  
Address 22A COMMON WAY DRIVE  
City-State-Zip: BROOKLYN CT 06234

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: ROBERT VICKERS**

**TREASURER**

**01/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date