

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000001914

**Entity Name:** NOBLE AMERICA VENTURES CORP.**Current Principal Place of Business:**107 ELM STREET, 4 STAMFORD PLAZA  
STAMFORD, CT 06902**Current Mailing Address:**107 ELM STREET, 4 STAMFORD PLAZA  
STAMFORD, CT 06902**FEI Number:** 27-0845964**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 DIRECTOR  
Name HOLLERBACH, STEVEN D  
Address 107 ELM STREET, 4 STAMFORD PLAZA  
City-State-Zip: STAMFORD CT 06902

Title VP  
Name PATEL, RAM  
Address 107 ELM STREET, 4 STAMFORD PLAZA  
City-State-Zip: STAMFORD CT 06902

Title SECRETARY  
Name LIMONE, JOSEPH P  
Address 107 ELM STREET, 4 STAMFORD PLAZA  
City-State-Zip: STAMFORD CT 06902

Title TREASURER  
Name REYNOLDS, CHRISTINA  
Address 107 ELM STREET, 4 STAMFORD PLAZA  
City-State-Zip: STAMFORD CT 06902

Title PRESIDENT  
Name FRASE, JEFFREY  
Address 107 ELM STREET, 4 STAMFORD PLAZA  
City-State-Zip: STAMFORD CT 06902

Title CFO  
Name KIRBY, MICHAEL R.  
Address 107 ELM STREET, 4 STAMFORD PLAZA  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR, CHIEF OPERATING OFFICER OF ENERGY AND THE AMERICAS  
Name MURNANE, PHILLIP ANTHONY  
Address 107 ELM STREET, 4 STAMFORD PLAZA  
City-State-Zip: STAMFORD CT 06902

*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: JOSEPH P. LIMONE****SECRETARY****01/11/2018**

Electronic Signature of Signing Officer/Director Detail

Date