2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000001958

1. *Entity Name*
BUNGE GLOBAL MARKETS, INC.

Principal Place of Business	Mailing Address
50 MAIN STREET, 6TH FLOOR WHITE PLAINS, NY 10606	50 MAIN STREET, 6TH FLOOR WHITE PLAINS, NY 10606

DO NOT WRITE IN THIS SPACE

04152005 No Chg-P CR2E034 (10/03)

4. FEI Number
36-4352472
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	GWATHMEY, ARCHIBALD L
STREET ADDRESS	50 MAIN STREET, 6TH FLOOR
CITY-ST-ZIP	WHITE PLAINS, NY 10606
TITLE	VD
NAME	MCCALLUM, PETER C
STREET ADDRESS	50 MAIN STREET, 6TH FLOOR
CITY-ST-ZIP	WHITE PLAINS, NY 10606
TITLE	S
NAME	WARSCHAUER, MURRAY H
STREET ADDRESS	50 MAIN STREET, 6TH FLOOR
CITY-ST-ZIP	WHITE PLAINS, NY 10606
TITLE	D
NAME	WELLS, WILLIAM M
STREET ADDRESS	50 MAIN STREET, 6TH FLOOR
CITY-ST-ZIP	WHITE PLAINS, NY 10606
TITLE	A
NAME	THEBEAU, GREGORY L
STREET ADDRESS	11720 BORMAN DR
CITY-ST-ZIP	SAINT LOUIS, MO 63146
TITLE	T
NAME	BERNSTEIN, RICHARD M
STREET ADDRESS	50 MAIN STREET
CITY-ST-ZIP	WHITE PLAINS, NY 10606

U00000360234
05/05/05-83025-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: [signature] 4-26-05 314-292-2567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #