

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005522

FILED
Apr 08, 2009
Secretary of State

Entity Name: COFACE NORTH AMERICA, INC.

Current Principal Place of Business:

50 MILLSTONE ROAD
BUILDING 100, SUITE #360
EAST WINDSOR, NJ 08520

New Principal Place of Business:

Current Mailing Address:

50 MILLSTONE ROAD
BUILDING 100, SUITE #360
EAST WINDSOR, NJ 08520

New Mailing Address:

FEI Number: 13-3898421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FERRANTE, MICHAEL J
Address: 50 MILLSTONE ROAD, BLDG 100 #360
City-St-Zip: EAST WINDSOR, NJ 08520

Title: VD () Delete
Name: TRONCY, CORINE
Address: 50 MILLSTONE ROAD, BLDG 100 #360
City-St-Zip: EAST WINDSOR, NJ 08520

Title: SD () Delete
Name: VON KRUSENSTIERN, FRIEDRICH
Address: 50 MILLSTONE ROAD, BLDG 100 #360
City-St-Zip: EAST WINDSOR, NJ 08520

Title: TD () Delete
Name: SHULTIS, DANIEL
Address: 50 MILLSTONE ROAD, BLDG 100 #360
City-St-Zip: EAST WINDSOR, NJ 08520

Title: D () Delete
Name: MOYLE, KENNETH
Address: 50 MILLSTONE ROAD, BLDG 100 #360
City-St-Zip: EAST WINDSOR, NJ 08520

Title: D () Delete
Name: SHORT, CHRISTOPHER
Address: 50 MILLSTONE ROAD, BLDG 100 #360
City-St-Zip: EAST WINDSOR, NJ 08520

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BRAUN, KERSTIN
Address: 50 MILLSTONE ROAD, BLDG 100 #360
City-St-Zip: EAST WINDSOR, NJ 08520

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRIEDRICH VON KRUSENSTIERN (LAUREN LOPEZ)

SD

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date