

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90144 020 \*\*\*150.00

DOCUMENT # **F02000005522**

1. Entity Name  
**COFACE NORTH AMERICA, INC.**



Principal Place of Business  
**444 MADISON AVENUE, 24TH FLOOR  
NEW YORK NY 10022**

Mailing Address  
**444 MADISON AVENUE, 24TH FLOOR  
NEW YORK NY 10022**

20040001



2. Principal Place of Business  
**1100 Cornwall Road**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Monmouth Junction, NJ**

City & State

4. FEI Number  
**13-3898421**

Applied For  
Not Applicable

Zip  
**08852**

Country  
**USA**

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  Delete  
NAME **BOCCARA, DANIEL**  
STREET ADDRESS **444 MADISON AVENUE, 24TH FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **P/D**  Change  Addition  
NAME **Michael J. Ferrante**  
STREET ADDRESS **1100 Cornwall Road**  
CITY-ST-ZIP **Monmouth Junction, NJ 10022**

TITLE **V**  Delete  
NAME **TRONCY, CORINE**  
STREET ADDRESS **444 MADISON AVENUE, 24TH FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **V/D**  Change  Addition  
NAME **Corine Troncy**  
STREET ADDRESS **444 Madison Avenue, 24th floor**  
CITY-ST-ZIP **New York, NY 10022**

TITLE **S**  Delete  
NAME **VON KRUSENSTIERN, FRIEDRICH**  
STREET ADDRESS **444 MADISON AVENUE, 24TH FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **S/D**  Change  Addition  
NAME **Friedrich von Krusenstern**  
STREET ADDRESS **444 Madison Avenue, 24th floor**  
CITY-ST-ZIP **New York, NY 10022**

TITLE **T**  Delete  
NAME **FOURNEL, PIERRE**  
STREET ADDRESS **444 MADISON AVENUE, 24TH FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **T/D**  Change  Addition  
NAME **Pierre Fournel**  
STREET ADDRESS **444 Madison Avenue, 24th floor**  
CITY-ST-ZIP **New York, NY 10022**

TITLE **D**  Delete  
NAME **CAZES, JEROME**  
STREET ADDRESS **12 COURS MICHELET**  
CITY-ST-ZIP **PARIS LA DEFENSE CEDEX, FRANCE**

TITLE **D**  Change  Addition  
NAME **Kenneth Moyle**  
STREET ADDRESS **1100 Cornwall Road**  
CITY-ST-ZIP **Monmouth Junction, NJ 08852**

TITLE **D**  Delete  
NAME **CLAIRE, BENOIT**  
STREET ADDRESS **12 COURS MICHELET**  
CITY-ST-ZIP **PARIS LA DEFENSE CEDEX, FRANCE**

TITLE **D**  Change  Addition  
NAME **Christopher Short**  
STREET ADDRESS **1100 Cornwall Road**  
CITY-ST-ZIP **Monmouth Junction, NJ 08852**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 17, 2003 914-316-7669

Date

Daytime Phone #

CR2E034 (10/02)