2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# F07000002238

Entity Name: SONEPAR MANAGEMENT US, INC.

Current Principal Place of Business:

510 WALNUT STREET - SUITE 400
PHILADELPHIA, PA 191063640 US

New Principal Place of Business:

510 WALNUT STREET
SUITE 400
PHILADELPHIA, PA 191063640 US

Current Mailing Address:

510 WALNUT STREET - SUITE 400
PHILADELPHIA, PA 191063640 US

New Mailing Address:

510 WALNUT STREET
SUITE 400
PHILADELPHIA, PA 191063640 US

FEI Number: 23-2975775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1200 HAYS STREET
TALLAHASSEE, FL 32301 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: D ( ) Delete
Name: PONCET, FRANCOIS
Address: 43-47 AVENUE DE LA GRANDE ARMEE-75782
City-St-Zip: PARIS CEDEX 16, FRANCE, FR CEDEX FR

Title: D ( ) Delete
Name: BURR, ANTHONY
Address: 510 WALNUT STREET-SUITE 400
City-St-Zip: PHILADELPHIA, PA 191063640 US

Title: PT ( ) Delete
Name: RUSKO, KATHY
Address: 510 WALNUT STREET-SUITE 400
City-St-Zip: PHILADELPHIA, PA 191063640 US

Title: S ( ) Delete
Name: TRUDEL, PAUL
Address: 1 PLACE-VILLE-MARIE - #1840
City-St-Zip: MONTREAL, QUEBEC, QU H3B 4A9 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: KLASING, PAUL
Address: 510 WALNUT STREET-SUITE 400
City-St-Zip: PHILADELPHIA, PA 191063640 US

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: PAUL LEVEILLE VP 04/02/2009
Electronic Signature of Signing Officer or Director Date