2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005166

Entity Name: ATRADIUS TRADE CREDIT INSURANCE, INC.

FILED Mar 16, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
5026 CAMPBELL BLVD. SUITE C NOTTINGHAM, MD 21236					
Current Mailing Address:			New Mailing Address:		
5026 CAMPBELL BLVD. SUITE C NOTTINGHAM, MD 21236					
FEI Number: 52-1807914 FEI Number Applied For () FEI Number		nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:			
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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 Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () [NEIL, LEARY A 5026 CAMPBELL BALTIMORE, MD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V ()E BECKWITH, THO 5026 CAMPBELL BALTIMORE, MD	BLVD., STE C	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition BECKWITH, THOMAS W 5026 CAMPBELL BLVD., STE C BALTIMORE, MD 21236	
Title: Name: Address: City-St-Zip:	VS () E KNODELL, JOYO 5026 CAMPBELL BALTIMORE, MD	BLVD SUITE C	Title: Name: Address: City-St-Zip:	VPS (X) Change () Addition KNODELL, JOYCE E 5026 CAMPBELL BLVD SUITE C BALTIMORE, MD 21236	
Title: Name: Address: City-St-Zip:	FELMAR, MARK	BLVD., SUITE C	Title: Name: Address: City-St-Zip:	VPAS (X) Change () Addition FELMAR, MARK S 5026 CAMPBELL BLVD., SUITE C BALTIMORE, MD 21236	
Title: Name: Address: City-St-Zip:	HAYMAN, III, HAF	NK, 1701 ROUTE 709	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HAYMAN, III, HARRY COMMERCE BANK, 1701 ROUTE 709 EAST CHERRY HILL, NJ 08034	
Title: Name: Address: City-St-Zip:	D () E SOLITRO, ROBE 650 ELM STREE MANCHESTER, N	Т	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: LISA ANN ROLF VPT 03/16/2009