

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005166

FILED
Feb 23, 2010
Secretary of State

Entity Name: ATRADIUS TRADE CREDIT INSURANCE, INC.

Current Principal Place of Business:

5026 CAMPBELL BLVD. SUITE C
NOTTINGHAM, MD 21236

New Principal Place of Business:

230 SCHILLING CIRCLE
SUITE 240
HUNT VALLEY, MD 21031

Current Mailing Address:

5026 CAMPBELL BLVD. SUITE C
NOTTINGHAM, MD 21236

New Mailing Address:

230 SCHILLING CIRCLE
SUITE 240
HUNT VALLEY, MD 21031

FEI Number: 52-1807914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: P
Name: HALSEY, BRETT A
Address: 230 SCHILLING CIRCLE, SUITE 240
City-St-Zip: HUNT VALLEY, MD 21031

Title: VPD
Name: BECKWITH, THOMAS W
Address: 230 SCHILLING CIRCLE, SUITE 240
City-St-Zip: HUNT VALLEY, MD 21031

Title: VPS
Name: KNODELL, JOYCE E
Address: 230 SCHILLING CIRCLE, SUITE 240
City-St-Zip: HUNT VALLEY, MD 21031

Title: VPAS
Name: FELMAR, MARK S
Address: 230 SCHILLING CIRCLE, SUITE 240
City-St-Zip: HUNT VALLEY, MD 21031

Title: D
Name: HAYMAN, III, HARRY
Address: COMMERCE BANK, 1701 ROUTE 709
City-St-Zip: EAST CHERRY HILL, NJ 08034

Title: D
Name: SOLITRO, ROBERT M
Address: 650 ELM STREET
City-St-Zip: MANCHESTER, NH 03101

I hereby 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 all other like empowered.

SIGNATURE: LISA A ROLF

VPT

02/23/2010

Electronic Signature of Signing Officer or Director

Date