SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003552 (5)**

1. Corporation Name
FIMAT FUTURES USA, INC.

Principal Place of Business	Mailing Address
181 W. MADISON ST SUITE 3450 CHICAGO IL 60602	181 W. MADISON ST SUITE 3450 CHICAGO IL 60602

3. Date Incorporated or Qualified: **07/24/1995**
3a. Date of Last Report: **7/95**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **36-3620984** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	Vice Chairman	☐ Change ☑ Addition
NAME	KAYE, BRIAN		1.2 NAME	Bergan, Stephen	
STREET ADDRESS	12 E. 49TH ST, SUITE 2203		1.3 STREET ADDRESS	4 World Trade Ctr	
CITY-ST-ZIP	NEW YORK NY 10017		1.4 CITY-ST-ZIP	New York, N.Y 10048	
TITLE	GM	☐ DELETE	2.1 TITLE	CFO	☐ Change ☑ Addition
NAME	ZELTWANGER, CYNTHIA		2.2 NAME	Goldfarm, Jeffrey	
STREET ADDRESS	12 E. 49TH ST, SUITE 2203		2.3 STREET ADDRESS	4 World Trade Ctr	
CITY-ST-ZIP	NEW YORK NY 10017		2.4 CITY-ST-ZIP	New York, N.Y 10048	
TITLE	S	☐ DELETE	3.1 TITLE	GM	☐ Change ☑ Addition
NAME	DEWAAL, GARY		3.2 NAME	Azzara, Salvatore	
STREET ADDRESS	12 E. 49TH ST, SUITE 2203		3.3 STREET ADDRESS	4 World Trade Ctr	
CITY-ST-ZIP	NEW YORK NY 10017		3.4 CITY-ST-ZIP	New York, NY 10048	
TITLE	D	☐ DELETE	4.1 TITLE	EVP	☐ Change ☑ Addition
NAME	CLOSIER, ALAN		4.2 NAME	Rodriguez, Sal	
STREET ADDRESS	% FIMAT BANQUE, 32 RUE DE TREVISE		4.3 STREET ADDRESS	4 World Trade Ctr	
CITY-ST-ZIP	75009 PARIS, FRANCE	☑	4.4 CITY-ST-ZIP	New York, NY 10048	
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GALLARDO, JEAN-PIERRE		5.2 NAME		
STREET ADDRESS	1501 MCGILL COLLEGE #1800		5.3 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL QUEBEC H3A 3M8		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRDA, NANCY		6.2 NAME		
STREET ADDRESS	181 W. MADISON ST, SUITE 3450		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60602		6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/11/96 (212) 504-7410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #