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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 29 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006326

1. Corporation Name

Fitch IBCA INC.

REINSTATEMENT 01-03

2. Principal Office Address	3. Mailing Office Address
One State Street Plaza	One State Street Plaza
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State: New York, NY
Zip: 10004 Country: USA	Zip: 10004 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/07/97

5. FEI Number: 13-397 4563 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee, FL State: FL Zip Code: 32301-2525

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Deborah D. Skipper Deborah D. Skipper Asst. V. Pres. Date: 10/30/03

REGISTERED AGENT MUST SIGN

CR2E084 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Stephen W. Joynt	One State Street Plaza	New York, NY 10004
CFO	David B. Kennedy	One State Street Plaza	New York, NY 10004
Asst Secy	Charles D. Brown	One State Street Plaza	New York, NY 10004
Chrman	Marc Ladreit de Lacharriere	97, rue de Lille 75007 Paris	France
Vice hrmn	Claire Cohen	One State Street Plaza	New York, NY 10004
ecy,	Veronique Morali	97 rue de Lille 75007 Paris	France

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Charles D. Brown Charles D. Brown, Asst. Secy. 10-13-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone # (212) 908-0826

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JR

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

FITCH IBCA, INC.

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