


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State


03-22-2005 90011 015 ***150.00

DOCUMENT # F98000002914	
1. Entity Name TRAFIGURA AG, INC.	

Principal Place of Business 263 TRESSER BLVD. 16TH FLOOR STAMFORD, CT 06901	Mailing Address 263 TRESSER BLVD. 16TH FLOOR STAMFORD, CT 06901
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

50030036



03162005 Chg-P CR2E034 (10/03)

4. FEI Number 06-1436098	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JACQUES DE TURCKHEIM, ERIC C 24 VINEYARD HILL RD. LONDON, SW19, ENGLAND, UK. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGNOLI, REMO IM GAMP 54, CH-6043 ADLIGENSWIL, SWITZERLAND, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D FROMME, Richard 38 North Cedar Road FAIRFIELD, CT 06824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENFELD, JOSEPH 155 WEST 70TH ST. NEW YORK, NY 10023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P FROMME, Richard 38 North Cedar Road FAIRFIELD, CT 06824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS YACURA, MARY ELLEN 172 HOLLOW TREE RIDGE RD DARIEN, CT 06820 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V YACURA, MARY ELLEN 172 Hollow Tree Ridge Road DARIEN, CT 06820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FROMME, RICHARD 38 NORTH CEDAR RD FAIRFIELD, CT 06824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TS LOVELAND, MARK 416 OLD OAKS ROAD FAIRFIELD, CT 06825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Richard Fromme** 03/16/05 203-355-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #