

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000002914

1. Entity Name  
TRAFIGURA AG, INC.



FILED

06 MAY -5 PM 2: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05012006 Chg-P CR2E034 (11/05)

Principal Place of Business  
263 TRESSER BLVD.  
16TH FLOOR  
STAMFORD, CT 06901

Mailing Address  
263 TRESSER BLVD.  
16TH FLOOR  
STAMFORD, CT 06901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
06-1436098

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

600075029456  
05/22/06--01047--013 \*\*150.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☒ Delete  
NAME JACQUES DE TURCKHEIM, ERIC C  
STREET ADDRESS 24 VINEYARD HILL RD.  
CITY-ST-ZIP LONDON, SW19, ENGLAND, UK.

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FROMME, RICHARD  
STREET ADDRESS 38 NORTH CEDAR ROAD  
CITY-ST-ZIP FAIRFIELD, CT 06824

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME FROMME, RICHARD  
STREET ADDRESS 38 NORTH CEDAR ROAD  
CITY-ST-ZIP FAIRFIELD, CT 06824

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME YACURA, MARY ELLEN  
STREET ADDRESS 172 HOLLOW TREE RIDGE RD  
CITY-ST-ZIP DARIEN, CT 06820

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TS ☐ Delete  
NAME LOVELAND, MARK  
STREET ADDRESS 416 OLD OAKS RD  
CITY-ST-ZIP FAIRFIELD, CT 06824

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Raymond J. Gane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/06

Date

203-355-7225

Daytime Phone #