2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

F98000002914

1. Entity Name TRAFIGURA AG, INC.



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90729 046 ***150.00

| Signature FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridab Department of State TO. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME NAME NAME NAME NAME NAME NAME NAM | | | | |
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| NEW YORK NY 10000 4400 | | | | |
| CITY-ST-ZIP | | | | |
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| TITLE V Delete TITLE Change | ☐ Addition | | | |
| NAME BENDER, DAVID | | | | |
| STREET ADDRESS 857 HOLMDEL ROAD STREET ADDRESS | | | | |
| CITY-ST-ZIP HOLMDEL NJ 07733 | | | | |
| TITLE TS Delete TITLE Change | ☐ Addition | | | |
| NAME FROMME, RICHARD | | | | |
| STREET ADDRESS 38 NORTH CEDAR RD STREET ADDRESS | | | | |
| CITY-ST-ZIP FAIRFIELD CT 06432 CITY-ST-ZIP | | | | |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. | ormotic= | | | |

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 base like empowered.

SIGNATURE:

203-355-7200