

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

03-10-2003 90729 046 \*\*\*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**



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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHUMACHER, MARCO</b> <input type="checkbox"/> Delete <b>SEESTRASSEE 99A, 6052 HERGISWIL</b> <b>CH-6006, LUZERN, SWITZERLAND</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>JACQUES DE TURCKHEIM, ERIC C</b> <input type="checkbox"/> Delete <b>24 VINEYARD HILL RD.</b> <b>LONDON, SW19, ENGLAND, UK</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MIGNOLI, REMO</b> <input type="checkbox"/> Delete <b>IM GAMP 54, CH-6043</b> <b>ADLIGENSWIL, SWITZERLAND</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROSENFELD, JOSEPH</b> <input type="checkbox"/> Delete <b>155 WEST 70TH ST.</b> <b>NEW YORK NY 10023-4422</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BENDER, DAVID</b> <input type="checkbox"/> Delete <b>857 HOLMDEL ROAD</b> <b>HOLMDEL NJ 07733</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>FROMME, RICHARD</b> <input type="checkbox"/> Delete <b>38 NORTH CEDAR RD</b> <b>FAIRFIELD CT 06432</b>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 3, 2003** **203-355-7200**  
Date Daytime Phone #

CR2E034 (10/02)