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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P35636** **(0)**

1. Corporation Name

GLENCORE LTD. INC.

Principal Place of Business	Mailing Address
100 FIRST STAMFORD PLACE STAMFORD CT 06902	THREE STAMFORD PLAZA 301 TRESSER BLVD STAMFORD CT 06901 US

3. Date Incorporated or Qualified: **09/24/1991**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 Three Stamford Plaza
Suite, Apt. #, etc.
22 301 Tresser Blvd.
City & State
23 Stamford, CT
Zip 24 06901 Country 25 U.S.A.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **13-2942178** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	OH, IN-SUK		1.2 NAME	Zbynek Zak	
STREET ADDRESS	28 BALDWIN FARMS NORTH		1.3 STREET ADDRESS	Loretohoehe 8	
CITY-ST-ZIP	GREENWICH CT		1.4 CITY-ST-ZIP	6300 Zug, Switzerland	
TITLE	S	☐ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	PAKETT, HOWARD		2.2 NAME	Robert Schaerer	
STREET ADDRESS	7 SADDLEWOOD DR.		2.3 STREET ADDRESS	Im Eichli 17	
CITY-ST-ZIP	HILLSDALE NJ		2.4 CITY-ST-ZIP	6315 Oberaegeri, Switzerland	
TITLE	T	☐ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	MULLERVY, TERRY		3.2 NAME	Ian Perkins	
STREET ADDRESS	72 PARK SLOPE		3.3 STREET ADDRESS	Raegetenstrasse 6	
CITY-ST-ZIP	RIDGEWOOD NJ		3.4 CITY-ST-ZIP	6318 Walchwil, Switzerland	
TITLE	T	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MULLERVY, TERENCE		4.2 NAME		
STREET ADDRESS	72 PARK SLOPE		4.3 STREET ADDRESS		
CITY-ST-ZIP	RIDGEWOOD NJ		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KNOECHEL, EBERHARD		5.2 NAME		
STREET ADDRESS	MATTENWEG 4 / 6312 STEINHAUSEN		5.3 STREET ADDRESS		
CITY-ST-ZIP	SWITZERLAND EU		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STROTHOTTE, WILLY		6.2 NAME		
STREET ADDRESS	RUOSTELMATTE 27 8835		6.3 STREET ADDRESS		
CITY-ST-ZIP	FEUSISBERG SW		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: /Howard Pakett 2/27/96 (203) 328-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #