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Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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
THREE STAMFORD PLAZA 301 TRESSER BLVD STAMFORD CT 06901 US	THREE STAMFORD PLAZA 301 TRESSER BLVD STAMFORD CT 06901 US

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ 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 signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OH, IN-SUK		1.2 NAME		
STREET ADDRESS	28 BALDWIN FARMS NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE	Secretary	☑ Change ☐ Addition
NAME	PAKETT, HOWARD		2.2 NAME	Howard Pakett	
STREET ADDRESS	7 SADDLEWOOD DR.		2.3 STREET ADDRESS	48 Old Farms Road	
CITY-ST-ZIP	HILLSDALE NJ		2.4 CITY-ST-ZIP	Woodcliff Lake, NJ 07675	
TITLE	T	☐ DELETE	3.1 TITLE	Director	☐ Change ☑ Addition
NAME	MULLERVY, TERRY		3.2 NAME	Robert Schaerer	
STREET ADDRESS	72 PARK SLOPE		3.3 STREET ADDRESS	Im Eichli 17	
CITY-ST-ZIP	RIDGEWOOD NJ		3.4 CITY-ST-ZIP	6315 Oberaegeri, Switzerland	
TITLE	D	☐ DELETE	4.1 TITLE	Director	☐ Change ☑ Addition
NAME	ZBYNEK, ZAK		4.2 NAME	Ian Perkin's	
STREET ADDRESS	LORETOHOEHE 8		4.3 STREET ADDRESS	Raegetenstrasse 6	
CITY-ST-ZIP	6300 ZUG SW		4.4 CITY-ST-ZIP	6318 Walchwil, Switzerland	
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 (10/97)

14. 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 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: SIGNATURE REQUIRED 1/7/98 (203)328-4900