2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # P35636** 1. Entity Name GLENCORE LTD. INC. 01-25-2000 90062 031 ***150.00 Mailing Address Principal Place of Business THREE STAMFORD PLAZA THREE STAMFORD PLAZA 301 TRESSER BLVD 301 TRESSER BLVD STAMFORD CT 06901 STAMFORD CT 06901-3239 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-2942178 Not -: " Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET STE - 105 TALLAHASSEE FL 32301 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. _ · · · · · · Change X Delete TITLE Vice President TITLE OH. IN-SUK NAME NAME PAKETT, HOWARD STREET ADDRESS 48 OLD FARMS ROAD STREET ADDRESS 28 BALDWIN FARMS NORTH CITY-ST-ZIP CITY-ST-ZIP WOODCLIFF LAKE, NJ 07675 GREENWICH CT Change Addition ☐ Delete TITLE SECRETARY TITLE PORTER, DAVID NAME NAME PAKETT, HOWARD 52, DOWNS AVENUE STREET ADDRESS STREET ADDRESS 48 OLD FARMS RD. CITY-ST-ZIP STAMFORD, CT 06902 CITY-ST-ZIP WOODCLIFF LAKE NJ 07675 Change Addition □ Delete TITLE DIRECTOR TITLE NAME ZBYNEK, ZAK NAME IAN PERKINS STREET ADDRESS STREET ADDRESS LORETOHOEHE 8 RAEGETENSTRASSE 6 CITY-ST-ZIP ZUG, SWITZERLAND 6300 CITY-ST-ZIP 6318 WALCHWIL, SWITZERLAND ☐ Change ★ Addition Delete TITLE TREASURER TITLE NAME MULLERVY, TERENCE A NAME PRUSAK, ROBERT STREET ADDRESS STREET ADDRESS C/O GLENCORE UK LTD 49 WIGMORE ST 142 TOPSTONE ROAD CITY-ST-7IP CITY-ST-ZIP LONDON, ENGLAND W1H- 0LU WEST REDDING, CT _06896 ASSISTANT SECRETAYR CHERYL DRISCOLL ☐ Change Delete TITLE ₹ Addition TITLE NAME NAME KNOECHEL, EBERHARD 34 SILO CIRCLE STREET ADDRESS STREET ADDRESS MATTENWEG 4 / 6312 STEINHAUSEN CITY-ST-7IP CITY-ST-ZIP RIVERSIDE, CT 06878 SWITZERLAND EU ☐ Change X Addition ☐ Delete TITLE CONTROLLER TITLE STEVE CRAMER NAME STROTHOTTE, WILLY NAME 17 RICHBELL ROAD STREET ADDRESS STREET ADDRESS **RUOSTELMATTE 27 8835** CITY-ST-ZIP CITY-ST-ZIP WHITE PLAINS, NY 106 - 5FEUSISBERG SW 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR