

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P35636

1. Entity Name
GLENCORE LTD. INC.



Principal Place of Business
**THREE STAMFORD PLAZA
301 TRESSER BLVD
STAMFORD, CT 06901 US**

Mailing Address
**THREE STAMFORD PLAZA
301 TRESSER BLVD
STAMFORD, CT 06901 US**

DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number
13-2942178

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	DRISCOLL, CHERYL
STREET ADDRESS	1 PUNCH BOWL DRIVE
CITY-ST-ZIP	WESTPORT, CT 06680
TITLE	D
NAME	ZBYNEK, ZAK
STREET ADDRESS	LORETOHOEHE 8
CITY-ST-ZIP	ZUG, SW 6300
TITLE	T
NAME	PORTER, DAVID
STREET ADDRESS	25 COUNTRY CLUB ROAD
CITY-ST-ZIP	DARIEN, CT 06820
TITLE	D
NAME	GLASENBERG, IVAN
STREET ADDRESS	LANGHALDENSTRASSE 7C
CITY-ST-ZIP	RUESCHLIKON, SW 8803
TITLE	C
NAME	CRAMER, STEPHEN
STREET ADDRESS	17 RICHBELL ROAD
CITY-ST-ZIP	WHITE PLAINS, NY 10605
TITLE	D
NAME	STROTHOTTE, WILLY
STREET ADDRESS	RUOSTELMATTE 27
CITY-ST-ZIP	FEUSISBERG, SW 8835

U00000588155
01/17/07-80062-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06 (203)328-4900
Date Daytime Phone #