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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 · **This report must be typed or printed legibly.**
Filing Fee: $50.00 · **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
000124722	**TRAFIGURA AG**

3. Principal office address	City	State	Zip
1401 MCKINNEY STREET, SUITE 1500	**HOUSTON**	**TX**	**77010-4033**

4. Business Phone No.	5. State of Incorporation
(832) 320-2829	**LUCERNE, SWITZERLAND**

6. Brief description of the character of business conducted in Rhode Island
COMMODITIES TRADING COMPANY

RECEIVED
2014 APR -9 AM 10: 36
SECRETARY OF STATE
CORPORATIONS DIV.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
VACANT	**VACANT**
Street Address	Street Address
City / State / Zip	City / State / Zip
Secretary Name: **JEFF KOPP**	Treasurer Name: **BRYAN KEOGH**
Street Address: **1401 MCKINNEY STREET, SUITE 1500**	Street Address: **1401 MCKINNEY STREET, SUITE 1500**
City: **HOUSTON** / State: **TX** / Zip: **77010-4033**	City: **HOUSTON** / State: **TX** / Zip: **77010-4033**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
BRYAN KEOGH	**JEFF KOPP**
Street Address: **1401 MCKINNEY STREET, SUITE 1500**	Street Address: **1401 MCKINNEY STREET, SUITE 1500**
City: **HOUSTON** / State: **TX** / Zip: **77010-4033**	City: **HOUSTON** / State: **TX** / Zip: **77010**
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.
See Section 9 of instruction sheet.
100

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	$1,000.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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BY 221883
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

BK Bryan Keogh 4/3/14
Signature of Authorized Representative Date

BRYAN KEOGH
~~Print~~ or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

105443-2-916446