



# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F07000000625</b> 1. Entity Name CALYON "CORPORATION"			<b>FILED</b> 08 OCT 09 PM 12:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 9 QUAI DU PRESIDENT PAUL DOUMER PARIS LA DEFENSE CEDEX 92920 FRANCE, OC		Mailing Address 9 QUAI DU PRESIDENT PAUL DOUMER PARIS LA DEFENSE CEDEX 92920 FRANCE, OC	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 601 Brickell Key Ave Suite 800 Miami FL Zip Country 33131	
		 19022008 REINSTATEMENT 2008	
		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD STE 1400 (WGM) MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <u>Mathieu Ferragut</u> <small>Signature, typed or printed name of registered agent and file + applicable</small>		General Manager 10/06/08 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: CARLSON, RICHARD V STREET ADDRESS: 1301 AVENUE OF THE AMERICAS CITY-ST-ZIP: NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE: CEO NAME: ESPARBES, EDOUARD STREET ADDRESS: 9 QUAI DU PRESIDENT PAUL DOUMER CITY-ST-ZIP: CEDEX 92920 FRANCE, <input checked="" type="checkbox"/> Delete	TITLE: <b>30013678283</b> NAME: VALROFF, PATRICK STREET ADDRESS: 9 QUAI DU PRESIDENT PAUL DOUMER CITY-ST-ZIP: PARI CEDEX 92920, FRANCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS: 1301 AVENUE OF THE AMERICAS CITY-ST-ZIP: NEW YORK, NY 10019 **158.75
TITLE: DCEO NAME: PERRIER, YVES STREET ADDRESS: 9 QUAI DU PRESIDENT PAUL DOUMER CITY-ST-ZIP: CEDEX 92920 FRANCE, <input checked="" type="checkbox"/> Delete	TITLE: DCEO NAME: MARIERA, ALAIN STREET ADDRESS: 9 QUAI DU PRESIDENT PAUL DOUMER CITY-ST-ZIP: PARI CEDEX 92920, FRANCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: DCEO NAME: GRIVET, JEROME STREET ADDRESS: 9 QUAI DU PRESIDENT PAUL DOUMER CITY-ST-ZIP: PARI CEDEX 92920 - FRANCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: CEO NAME: MORIANI, JEAN-MARC STREET ADDRESS: 1301 AVENUE OF THE AMERICAS CITY-ST-ZIP: NEW YORK, NY 10019 <input checked="" type="checkbox"/> Delete
TITLE: C NAME: LAURENT, JEAN STREET ADDRESS: 18 RUE WEBER CITY-ST-ZIP: 75016 PARIS FRANCE, <input checked="" type="checkbox"/> Delete	TITLE: C NAME: PAUJET, GEORGES STREET ADDRESS: 130 PASTEUR - CREDIT AGRICOLE SA CITY-ST-ZIP: 75015 PARI FRANCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: <u>Mathieu Ferragut</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		General Manager 10/06/08 786 291 4823 <small>Date Daytime Phone #</small>	