

SCC eFile

**2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

215515803

1.) CORPORATION NAME:

DUE DATE: **4/30/2015**

**Noble Petro Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1821729**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 107 ELM STREET  
FOUR STAMFORD PLAZA

CITY/ST/ZIP: STAMFORD, CT 06902

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	WILLIAM J. CRONIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/DIR		
ADDRESS:	107 ELM STREET		
CITY/ST/ZIP/CO:	FOUR STAMFORD PLAZA STAMFORD, CT 06902		

NAME:	MARY DIETTERLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC. VP		
ADDRESS:	107 ELM STREET		
CITY/ST/ZIP/CO:	FOUR STAMFORD PLAZA STAMFORD, CT 06902		

NAME:	RAM PATEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	107 ELM STREET		
CITY/ST/ZIP/CO:	FOUR STAMFORD PLAZA STAMFORD, CT 06902		

NAME:	CHRISTINA REYNOLDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	107 ELM STREET		
CITY/ST/ZIP/CO:	FOUR STAMFORD PLAZA STAMFORD, CT 06902		

NAME:	ANTHONY BURZI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	107 ELM STR		
CITY/ST/ZIP/CO:	4 STAMFORD PLAZA STAMFORD, CT 06902		

NAME:	JOSEPH P LIMONE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	107 ELM STREET		
CITY/ST/ZIP/CO:	FOUR STAMFORD PLAZA STAMFORD, CT 06902		

NAME:	STVEVEN HOLLERBACH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	107 ELM STREET		
CITY/ST/ZIP/CO:	FOUR STAMFORD PLAZA STAMFORD, CT 06902		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ANTHONY BURZI	ANTHONY BURZI, ASST	4/24/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.