

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212538953

1.) CORPORATION NAME:

Chartis Global Services, Inc.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1841230**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 175 WATER STREET

CITY/ST/ZIP: NEW YORK, NY 10038

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: KRISTIAN PHILIP MOOR
 TITLE: CEO
 ADDRESS: 175 WATER STREET
 31ST FLOOR
 CITY/ST/ZIP/CO: NEW YORK, NY 10038

OFFICER

DIRECTOR

NAME: EDWARD J. GRANAGHAN
 TITLE: VICE PRESIDENT
 ADDRESS: 180 MAIDEN LANE
 10TH FLOOR
 CITY/ST/ZIP/CO: NEW YORK, NY 10038

OFFICER

DIRECTOR

NAME: JOSEPHINE B. LOWMAN
 TITLE: VICE PRESIDENT
 ADDRESS: ONE NEW YORK PLAZA
 17TH FLOOR
 CITY/ST/ZIP/CO: NEW YORK, NY 10038

OFFICER

DIRECTOR

NAME: DENIS M. BUTKOVIC
 TITLE: ASST SECRETARY
 ADDRESS: 175 WATER STREET, 18TH FLOOR
 CITY/ST/ZIP/CO: NEW YORK, NY 10038

OFFICER

DIRECTOR

NAME: PAUL DAMIEN BYRNE
 TITLE: TREASURER
 ADDRESS: 2-8 ALTYRE ROAD
 SURREY CROYDON,,CR9 2LG,UNITED KINGDOM (GREA
 , , FN
 CITY/ST/ZIP/CO:

OFFICER

DIRECTOR

NAME: THOMAS J. SCHERER TITLE: SECRETARY/SVP ADDRESS: 175 WATER STREET CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JOHN QUINLAN DOYLE TITLE: DIRECTOR ADDRESS: 175 WATER STREET CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JEFFREY LAWRENCE HAYMAN TITLE: DIRECTOR ADDRESS: 175 WATER STREET CITY/ST/ZIP/CO: 30TH FLOOR NEW YORK, NY 10038	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ROBERT SCOTT SCHIMEK TITLE: DIRECTOR ADDRESS: 175 WATER STREET CITY/ST/ZIP/CO: 30TH FLOOR NEW YORK, NY 10038	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: NICHOLAS CHARLES WALSH TITLE: DIRECTOR ADDRESS: 175 WATER STREET CITY/ST/ZIP/CO: 30TH FLOOR NEW YORK, NY 10038	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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/ DENIS M. BUTKOVIC SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DENIS M. BUTKOVIC, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	10/10/2012 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.				