

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 810236 (0)

1. Corporation Name
THE EARLY COMPANY



Principal Place of Business 801 N ELDRIDGE ST PO BOX 218218 HOUSTON TX 77218	Mailing Address C/O TAX DEPT. P.O. BOX 60035 NEW ORLEANS LA 70160-0035
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

3. Date Incorporated or Qualified 03/04/1955	3a. Date of Last Report 04/26/1996
4. FEI Number 72-0457007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD SEE ATTACHED LISTING <input checked="" type="checkbox"/> DELETE
NAME	HOWSON, R.E.
STREET ADDRESS	1450 POYDRAS ST.
CITY - ST - ZIP	NEW ORLEANS LA 70112
TITLE	VD <input type="checkbox"/> DELETE
NAME	HATTOX, B.A.
STREET ADDRESS	801 N ELDRIDGE ST
CITY - ST - ZIP	HOUSTON TX
TITLE	V <input type="checkbox"/> DELETE
NAME	HENZLER, T.A.
STREET ADDRESS	1450 POYDRAS ST.
CITY - ST - ZIP	NEW ORLEANS LA 70112
TITLE	T <input type="checkbox"/> DELETE
NAME	JOLLIFF, R.A.
STREET ADDRESS	1450 POYDRAS ST.
CITY - ST - ZIP	NEW ORLEANS LA 70112
TITLE	VD <input type="checkbox"/> DELETE
NAME	PURTELL, L.R.
STREET ADDRESS	1450 POYDRAS ST.
CITY - ST - ZIP	NEW ORLEANS LA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WOMACK, E.A. JR.
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	VCFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GAUBERT, D.R.
2.3 STREET ADDRESS	1450 POYDRAS STREET
2.4 CITY - ST - ZIP	NEW ORLEANS LA 70112
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TSAI, J.S.
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *T.A. Henzler* T.A. Henzler 4/7/97 (504) 587-4411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR V.P.-Tax Admin. Date Daytime Phone #

CR2E034 (9/96)

As of 01/03/97

**THE EARLY COMPANY
OFFICERS AND DIRECTORS**

OFFICERS

		<u>BUSINESS ADDRESS</u>
President	E.A. Womack, Jr.	1450 Poydras Street New Orleans, LA 70112
Vice President and Chief Financial Officer	D.R. Gaubert	1450 Poydras Street New Orleans, LA 70112
Vice President-Tax Administration	T.A. Henzler	1450 Poydras Street New Orleans, LA 70112
Treasurer	R.A. Jolliff	1450 Poydras Street New Orleans, LA 70112
Secretary	J.S. Tsai	1450 Poydras Street New Orleans, LA 70112
Assistant Secretary	R.E. Stumpf	1450 Poydras Street New Orleans, LA 70112

DIRECTORS

E.A. Womack, Jr.	1450 Poydras Street New Orleans, LA 70112
R.E. Woolbert	1450 Poydras Street New Orleans, LA 70112
S.W. Murphy	1450 Poydras Street New Orleans, LA 70112