

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

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # 810236 (0)**

1. Corporation Name  
**THE EARLY COMPANY**



|  |   |
|--|---|
| Principal Place of Business<br><b>601 N ELDRIDGE ST<br/>                 PO BOX 218218<br/>                 HOUSTON TX 77218</b> | Mailing Address<br><b>C/O TAX DEPT.<br/>                 P.O. BOX 60035<br/>                 NEW ORLEANS LA 70160</b> |
|--|---|

DO NOT WRITE IN THIS SPACE

|   |                        |   |
|---|------------------------|---|
| 2. Principal Place of Business                  | 2a. Mailing Address    | 3. Date Incorporated or Qualified<br><b>03/04/1955</b>  |
| 21 Suite, Apt. #, etc.                          | 26 Suite, Apt. #, etc. | 4. FEI Number<br><b>72-0457007</b>  |
| 22 City & State                                 | 27 City & State        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |
| 23 Zip Country                                  | 28 Zip Country         | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |
| 24 Zip Country                                  | 29 Zip Country         | 30 Country  |
| 7. Name and Address of Current Registered Agent |                        | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|   |   |  |             |
|---|---|--|-------------|
| <b>CT CORPORATION SYSTEM<br/>                 1200 S. PINE ISLAND ROAD<br/>                 PLANTATION FL 33324</b> | 81 Name   | 10. Name and Address of New Registered Agent |             |
|   | 82 Street Address (P.O. Box Number is Not Acceptable) |  |             |
|   | 83  |  |             |
|   | 84 City   | <b>FL</b>                                    | 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 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>PD</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <b>SEE ATTACHED LISTING</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>WOMACK, E.A J</b>                                 | 1.2 NAME  | <b>PRESIDENT</b>   |
| STREET ADDRESS             | <b>1450 POYDRAS ST.</b>                              | 1.3 STREET ADDRESS                                    | <b>RAWLE, R.I.</b>   |
| CITY-ST-ZIP                | <b>NEW ORLEANS LA</b>                                | 1.4 CITY-ST-ZIP                                       | <b>801 N. ELDRIDGE ST<br/>HOUSTON, TX 77079</b>  |
| TITLE                      | <b>VCFO</b> <input type="checkbox"/> DELETE          | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>GAUBERT, DR</b>                                   | 2.2 NAME  |  |
| STREET ADDRESS             | <b>1450 POYDRAS STREET</b>                           | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>NEW ORLEANS LA</b>                                | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE             | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>HENZLER, T.A.</b>                                 | 3.2 NAME  |  |
| STREET ADDRESS             | <b>1450 POYDRAS ST.</b>                              | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>NEW ORLEANS LA 70112</b>                          | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE             | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>JOLLIFF, R.A.</b>                                 | 4.2 NAME  |  |
| STREET ADDRESS             | <b>1450 POYDRAS ST.</b>                              | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>NEW ORLEANS LA 70112</b>                          | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE             | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>TSAI, J.S.</b>                                    | 5.2 NAME  |  |
| STREET ADDRESS             | <b>1450 POYDRAS ST.</b>                              | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>NEW ORLEANS LA</b>                                | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |  |

14. I 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 041 44 198 (504) 582-4411

CR2E034 (10/97)

As of 02/03/98

**THE EARLY COMPANY  
OFFICERS AND DIRECTORS**

OFFICERS

BUSINESS ADDRESS

|  |               |  |
|--|---------------|--|
| President  | R.H. Rawle    | 801 N. Eldridge Street<br>Houston, TX 77079  |
| Senior Vice President and<br>Chief Financial Officer | D.R. Gaubert  | 1450 Poydras Street<br>New Orleans, LA 70112 |
| Vice President-Tax<br>Administration                 | T.A. Henzler  | 1450 Poydras Street<br>New Orleans, LA 70112 |
| Treasurer  | R.A. Jolliff  | 1450 Poydras Street<br>New Orleans, LA 70112 |
| Secretary  | J.S. Tsai     | 1450 Poydras Street<br>New Orleans, LA 70112 |
| Assistant Secretary                                  | R.E. Stumpf   | 1450 Poydras Street<br>New Orleans, LA 70112 |
| Assistant Secretary                                  | M.R. Zeringer | 1450 Poydras Street<br>New Orleans, LA 70112 |

DIRECTORS

|               |  |
|---------------|--|
| R.H. Rawle    | 801 N. Eldridge Street<br>Houston, TX 77079  |
| R.E. Woolbert | 1450 Poydras Street<br>New Orleans, LA 70112 |
| S.W. Murphy   | 1450 Poydras Street<br>New Orleans, LA 70112 |