

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 810236

1. Entity Name

J. RAY MCDERMOTT GULF CONTRACTORS, INC.

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

2. Principal Place of Business

200 Westlake Park Blvd

3. Mailing Address

Suite, Apt. #, etc.

PO Box 218218

City & State
Houston TX

City & State

77218

Country

Zip

Country

4. FEI Number 72-0457007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAWLE, R H 200 WESTLAKE PARK BLVD HOUSTON TX 77079	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO GAUBERT, DR 1450 POYDRAS STREET NEW ORLEANS LA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENZLER, T.A. 1450 POYDRAS ST. NEW ORLEANS LA 70112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOLLIFF, R.A. 1450 POYDRAS ST. NEW ORLEANS LA 70112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TSAI, J.S. 1450 POYDRAS ST. NEW ORLEANS LA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STUMPF, R E 1450 POYDRAS STREET NEW ORLEANS LA 70112	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec VP/CFD B.F. Longaker 1450 Poydras Street New Orleans, LA 70112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary L.K. Hinrichs 1450 Poydras Street New Orleans, LA 70112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.A. Henzler
V.P. Tax Admin.

03/28/01

(504) 587-4411

Date

Daytime Phone #

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90274 049 ***150.00

818652



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)