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95 MAY -1 AM 9:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Candice B. Myrland
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 825872 (5)

1. Corporation Name
THE LAITRAM CORPORATION

Principal Place of Business Making Address
220 LAITRAM LANE HARAHAN LA 70123

2. Principal Place of Business 2a. Making Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/11/1971** 3a. Date of Last Report **05/13/1994**

4. FEI Number **72-0574366** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes Yes 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPEYRE, G C	1.2 NAME	
STREET ADDRESS	4222 BARONNE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW ORLEANS LA	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPEYRE, J.M. JR	2.2 NAME	
STREET ADDRESS	419 WALNUT ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW ORLEANS LA	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACOUR, BARRY L.	3.2 NAME	
STREET ADDRESS	412 ROSA	3.3 STREET ADDRESS	523 Homestead Ave.
CITY - ST - ZIP	METairie LA 70005	3.4 CITY - ST - ZIP	Metairie, LA
TITLE	CFO	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OERTLING, L P	4.2 NAME	
STREET ADDRESS	401 CRYSTAL	4.3 STREET ADDRESS	212 Rosa
CITY - ST - ZIP	NEW ORLEANS LA	4.4 CITY - ST - ZIP	Metairie, LA
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPEYRE, P. F.	5.2 NAME	
STREET ADDRESS	3438 NASHVILLE	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW ORLEANS LA	5.4 CITY - ST - ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Lawrence P. Oertling* **Lawrence Oertling** 4/24/95 (504) 733-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR