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FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 825872 (5)

1. Corporation Name
THE LAITRAM CORPORATION



Principal Place of Business 220 LAITRAM LANE HARAHAN LA 70123	Mailing Address 220 LAITRAM LANE HARAHAN LA 70123
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/11/1971	
21 Suite, Apt. #, etc.	22 City & State	25 Suite, Apt. #, etc.	26 City & State	4. FEI Number 72-0574366	Applied For Not Applicable
23 Zip	24 Country	27 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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

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

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	D LAPEYRE, G C <input type="checkbox"/> DELETE	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 LAPEYRE, J.M. JR <input type="checkbox"/> DELETE	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	SD LACOUR, BARRY L <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACOUR, BARRY L	3.2 NAME	
STREET ADDRESS	523 HOMESTEAD AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	3.4 CITY-ST-ZIP	
TITLE	TD OERTLING, L P <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OERTLING, L P	4.2 NAME	
STREET ADDRESS	212 ROSA	4.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	4.4 CITY-ST-ZIP	
TITLE	D LAPEYRE, P. F. <input type="checkbox"/> DELETE	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	<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: *Lawrence Oertling* **REQUIRED** Lawrence Oertling 1/5/98 (504) 733-6000

CR2E034 (10/97)