

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90086 028 ***150.00

DOCUMENT # 825872
 1. Entity Name
THE LAITRAM CORPORATION

Principal Place of Business: **220 LAITRAM LANE HARAHAN LA 70123**
 Mailing Address: **220 LAITRAM LANE HARAHAN LA 70123-5308**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324



DO NOT WRITE IN THIS SPACE

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

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

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	<input type="checkbox"/> Delete LAPEYRE, G C 4222 BARONNE NEW ORLEANS LA	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD	<input type="checkbox"/> Delete LAPEYRE, J.M. JR 419 WALNUT ST NEW ORLEANS LA	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	<input type="checkbox"/> Delete LACOUR, BARRY L. 523 HOMESTEAD AVENUE METAIRIE LA	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	<input type="checkbox"/> Delete OERTUNG, L P 212 ROSA METAIRIE LA	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	<input type="checkbox"/> Delete LAPEYRE, P. F. 3438 NASHVILLE NEW ORLEANS LA	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<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)(l), 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]* **4-17-00 (504) 733-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #