FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am Secretary of State **DOCUMENT #** 825872 1. Entity Name 04-22-2002 90305 028 \*\*\*150.00 THE LAITRAM CORPORATION Principal Place of Business Mailing Address 220 LAITRAM LANE 220 LAITRAM LANE HARAHAN LA 70123 HARAHAN LA 70123 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 72-0574366 Not Applicable Zip Country Zip. . Country-\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME LAPEYRE, G C CR2E034 STREET ADDRESS STREET ADDRESS 4222 BARONNE CITY-ST-ZIP CITY-ST-ZIP NEW ORLEANS LA TITLE ☐ Delete TITLE ☐ Addition NAME LAPEYRE, J.M. JR NAME STREET ADDRESS STREET ADDRESS 419 WALNUT ST CITY-ST-ZIP-CITY-ST-ZIP--**NEW ORLEANS LA** Delete TITLE Change [...] Addition NAME LACOUR, BARRY L. NAME STREET ADDRESS **523 HOMESTEAD AVENUE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>METAIRIE LA</u> TITLE ☐ Delete TITLE TD ☐ Change Addition NAME NAME **OERTLING, L P** STREET ADDRESS STREET ADDRESS **212 ROSA** CITY-ST-ZIP METAIRIE LA CITY-ST-7IF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME Lapeyre, P. F. STREET ADDRESS STREET ADDRESS 3438 NASHVILLE CITY-ST-ZIP CITY-ST-ZIP NEW ORLEANS LA ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR