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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 857854 1. Corporation Name

WESTWAY TERMINAL COMPANY INC.

							(1 818 11 8 781) 81	BII BIAN (88)
Principal Place of Business Mailing Address							., ., ., ., ., ., .,	
365 CANAL ST 365 CANAL ST								
STE. 2200 STE. 2200					DO NOT WR	TE IN THIS (SDACE	
NEW ORLEANS LA 70130 NEW ORLEANS LA 70130			ļ			TE IN THIS	TAGE	
US US					3. Date Incorporated or Qualifed			
					09/23/1983		 -	 _
Principal Place of Business 2a. Mailing Address					4. FEI Number			olied For
21 26					22-2436835			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	□	\$8.75 A	
	27 Ste 2900-	<u> </u>		6. Election Campaign Financing			-	
City & State	•		City & State				\$5.00 h	
23		28			Trust Fund Contribution		Added to	rees
Zip	Country	Zip	Country		8. This corporation owes the cur			□No I
24	25	29 3	0		Personal Property Tax.			
	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New	registered A	.gent	
C T COODODATION CVCTEM				Name				
C T CORPORATION SYSTEM			82	Street	Address (P.O. Box Number is Not Accept	able)		
1200 SOUTH PINE ISLAND ROAD			<u> </u>	L				
PLANTATION FL 33324			83					J
			84	City			85 Zip C	ode
Ì			1	,		<u> </u>	1 _	
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.								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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ref			egistered Agei	nt signature n	equired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	PD	□ DÉLÉTE	1.1 TITLE				Change	☐ Addition
NAME	LACY, JIM		1.2 NAME			1010		
STREET ADDRESS	REET ADDRESS 365 CANAL STREET, SUITE 2200			TADORESS	365 Canal St. Ste			
CITY-ST-ZIP	NEW ORLEANS LA 70130		1,4 CITY-S	T-ŽIP	New Orleans, LA 70	130		_
TITLE	VD DELETE		2.1 TITLE		,		Change	☐ Addition
NAME	HUGHES, CINDY		2.2 NAME				•	,
STREET ADDRESS	365 CANAL ST, STE. 2200		2.3 STREET ADDRESS 30		365 canal St. Ste	2900		ŕ
CITY-ST-ZIP	NEW ORLEANS LA 70130		2.4 CITY-5	ST-ZIP		·		
TITLE	VSD	DELETE	3.1 TITLE		D		☐ Change	Addition
NAME	BLISH, DAVE				Harding, Peter			
STREET ADDRESS	365 CANAL ST, STE. 2200		3.3 STREET ADDRESS		365 Canal St Ste	2900		
CITY-ST-ZIP	NEW ORLEANS LA 70130		3,4, CITY-5		New Orleans, IA	70130)	,
TITLE	S	DELETE	4.1 TITLE		SD	1212	Change	Addition
NAME	PRCHAL, NANCEE	/\	4. 2 NAME		Wates Anthony		•	-
STREET ADDRESS	365 CANAL ST, STE. 2200			T ADDRESS	365 canal St St	2900		
CITY-ST-ZIP	NEW ORLEANS LA 70130		4.4 CITY-S			70130		
TITLE	D	DELETE	5.1 TITLE	. 411	SD	<u> </u>	Change	☐ Addition
NAME			5.2 NAME	j				
I WANT	I INTERNET CANTE	。 a Mast 1 年ランプ	=		· · · · · · · · · · · · · · · · · · ·			

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 of the releiver 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 from an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TWO WORLD FINANCIAL CENTER 27TH FL

NEW YORK NY 10281-2700

☐ Change

☐ Addition