2000 UNIFORM BUSINESS REPORT (UBR)

0565626

DOCUMENT # 857854

1. Entity Name

WESTWAY TERMINAL COMPANY INC.

FILED
00 FEB 14 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
365 CANAL ST STE 2900 NEW ORLEANS LA 70130 US	365 CANAL ST STE 2900 NEW ORLEANS LA 70130-6522 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2436835 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 ______________________________ DATE
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 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	PD	☐ Delete	TITLE	500003117499--9 -02/16/00--01065--003 ****150.00 ****150.00 LS	☐ Change ☐ Addition
NAME	LACY, JIM		NAME		
STREET ADDRESS	365 CANAL ST STE 2900		STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA 70130		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HUGHES, CINDY		NAME		
STREET ADDRESS	365 CANAL ST STE 2900		STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA 70130		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HARDING, PETER		NAME		
STREET ADDRESS	365 CANAL ST STE 2900		STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA 70130		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WATTS, ANTHONY		NAME		
STREET ADDRESS	365 CANAL ST STE 2900		STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA 70130		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RINDNER, GARY		NAME		
STREET ADDRESS	TWO WORLD FINANCIAL CENTER 27TH FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10281-2700		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: PETER J. M. HARDING 02/08/00 504-525-9741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #