2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000003595

1. Entity Name
SHAW FACILITIES, INC.

Principal Place of Business	Mailing Address
4171 ESSEN LANE ATTN: DEBRA J. ROBERSON BATON ROUGE, LA 70809	4171 ESSEN LANE ATTN: DEBRA J. ROBERSON BATON ROUGE, LA 70809

02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0540781

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000255795
03/08/05-80028-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BARFIELD, T.A. JR
STREET ADDRESS	4171 ESSEN LN
CITY-ST-ZIP	BATON ROUGE, LA 70809
TITLE	V
NAME	GILL, RICHARD F
STREET ADDRESS	4171 ESSEN LN
CITY-ST-ZIP	BATON ROUGE, LA 70809
TITLE	VT
NAME	BELK, ROBERT L
STREET ADDRESS	4171 ESSEN LN
CITY-ST-ZIP	BATON ROUGE, LA 70809
TITLE	VP
NAME	DUPUY, N. ANDREW JR
STREET ADDRESS	4171 ESSEN LN
CITY-ST-ZIP	BATON ROUGE, LA 70809
TITLE	AS
NAME	COX, ELIZABETH S
STREET ADDRESS	4171 ESSEN LN
CITY-ST-ZIP	BATON ROUGE, LA 70809
TITLE	S
NAME	GRAPHIA, GARY P
STREET ADDRESS	4171 ESSEN LN
CITY-ST-ZIP	BATON ROUGE, LA 70809

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth Sherman Cox February 5, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Elizabeth Sherman Cox
(225)932-2500
Daytime Phone #