

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1000000956

Entity Name: SESSIONS, FISHMAN, NATHAN & ISRAEL, L.L.C.

Current Principal Place of Business:

201 ST. CHARLES AVENUE
SUITE 3815
NEW ORLEANS, LA 70170

Current Mailing Address:

201 ST. CHARLES AVENUE
SUITE 3815
NEW ORLEANS, LA 70170

FEI Number: 72-0507813

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name NATHAN, MAX
Address 201 ST. CHARLES AVENUE, SUITE 3815
City-State-Zip: NEW ORLEANS LA 70170

Title MGRM
Name ALLTMONT, JACK M
Address 201 ST. CHARLES AVENUE, SUITE 3815
City-State-Zip: NEW ORLEANS LA 70170

Title MGRM
Name FORSYTH, J. DAVID
Address 201 ST. CHARLES AVENUE, SUITE 3815
City-State-Zip: NEW ORLEANS LA 70170

Title MGRM
Name NEFF, CAROLE C
Address 201 ST. CHARLES AVENUE, SUITE 3815
City-State-Zip: NEW ORLEANS LA 70170

Title MGRM
Name BRAUN, JOY G
Address 201 ST. CHARLES AVENUE, SUITE 3815
City-State-Zip: NEW ORLEANS LA 70170

Title MGRM
Name TITLE, PETER S
Address 201 ST. CHARLES AVENUE, SUITE 3815
City-State-Zip: NEW ORLEANS LA 70170

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACK M. ALLTMONT

MANAGING PARTNER

04/13/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date