

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814719

FILED
Apr 22, 2008
Secretary of State

Entity Name: WALDEMAR S. NELSON AND COMPANY, INCORPORATED

Current Principal Place of Business:

1200 ST. CHARLES AVENUE
NEW ORLEANS, LA 70130

New Principal Place of Business:

Current Mailing Address:

1200 ST. CHARLES AVENUE
NEW ORLEANS, LA 70130

New Mailing Address:

FEI Number: 72-0488863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVP () Delete
Name: NELSON, KENNETH H PE
Address: 1200 ST CHARLES AVENUE
City-St-Zip: NEW ORLEANS, LA

Title: EVP () Delete
Name: COSPOLICH, JAMES D
Address: 1200 ST. CHARLES AVE.
City-St-Zip: NEW ORLEANS, LA 70130

Title: SSVF () Delete
Name: EHRLICHER, THOMAS G
Address: 1200 ST. CHARLES AVE.
City-St-Zip: NEW ORLEANS, LA 70130

Title: CB () Delete
Name: NELSON, CHARLES W,
Address: 1200 ST CHARLES AVE
City-St-Zip: NEW ORLEANS, LA

Title: CFOT () Delete
Name: CABIRO, RICHARD J,
Address: 1200 ST CHARLES AVE
City-St-Zip: NEW ORLEANS, LA

Title: AS () Delete
Name: DODGE, VIRGINIA NELS, ON
Address: 1200 ST CHARLES AVE
City-St-Zip: NEW ORLEANS, LA 70130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA NELSON DODGE

AS

04/22/2008

Electronic Signature of Signing Officer or Director

_____ Date