FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 822608 (6)

1. Corporation Name
STEWART RESOURCE CENTER, INC.

Principal Place of Business
110 VETERANS MEMORIAL BLVD
METAIRIE LA 70005

Mailing Address
110 VETERANS MEMORIAL BLVD
METAIRIE LA 70005

3. Date Incorporated or Qualified: **04/08/1969**
3a. Date of Last Report: **04/10/1995**
4. FEI Number: **72-0114030** — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 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 of Registered Agent or Officer or Director of Registered Agent Corporation) (Typed or Printed Name of Signing Officer or Director) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPS	☐ DELETE
NAME	PATRON, RONALD H.	
STREET ADDRESS	505 BEAU CHENE DR.	
CITY-ST-ZIP	MANDEVILLE LA	
TITLE	CB	☐ DELETE
NAME	STEWART JR, FRANK B	
STREET ADDRESS	5513 DAYNA COURT	
CITY-ST-ZIP	NEW ORLEANS, LA 00000	
TITLE	VPC	☐ DELETE
NAME	HYMEL, MICHAEL G.	
STREET ADDRESS	20 ELAINE AVENUE	
CITY-ST-ZIP	HARAHAN LA	
TITLE	P	☐ DELETE
NAME	WILLIAM ROWE	
STREET ADDRESS	110 VETERANS BLVD	
CITY-ST-ZIP	METAIRIE LA	
TITLE	AS	☐ DELETE
NAME	BUDDE, KENNETH C	
STREET ADDRESS	2103 ORMOND BLVD	
CITY-ST-ZIP	DESTREHAN LA	
TITLE	VP	☐ DELETE
NAME	ALEXANDER, GERARD C.	
STREET ADDRESS	4800 FOLSE DRIVE	
CITY-ST-ZIP	METAIRIE LA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☐ Change ☑ Addition
1.2 NAME	Tooker, Thomas M.	
1.3 STREET ADDRESS	1 Jay St.	
1.4 CITY-ST-ZIP	New Orleans, LA	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or the receiver 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, or on an attachment with an address.

SIGNATURE: Michael G. Hymel — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael G. Hymel - Vice President & Controller

4/22/96 Date

(504) 837-5880 Daytime Phone #

CR2E034 (12/95)