FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:12

DOCUMENT # 824107 (7)

1. Corporation Name

LGS CONCORD CORPORATION

Principal Place of Business	Mailing Address
1233 WESTBANK EXPRESSWAY P.O. BOX 433 HARVEY LA 70059	1233 WESTBANK EXPRESSWAY P.O. BOX 433 HARVEY LA 70059

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1970
3a. Date of Last Report: 07/08/1994
4. FEI Number: 41-0944322 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	ALDRICH, CHARLES R	1.2 NAME	
STREET ADDRESS	401 PLANTERS CANAL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE CHASSE LA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	TOW, LEONARD	2.2 NAME	
STREET ADDRESS	160 LANTERN RIDGE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	FERGUSON, DARYL A.	3.2 NAME	
STREET ADDRESS	45 HEMLOCK RIDGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON CT	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	☐ Change ☐ Addition
NAME	DESANTIS, ROBERT J.	4.2 NAME	
STREET ADDRESS	7 HUCKLEBERRY DR NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	AS ☒ Change ☐ Addition
NAME	FAUST, RICHARD A., JR.	5.2 NAME	Marshall F. Ordemann, Jr.
STREET ADDRESS	1440 AUDUBON ST.	5.3 STREET ADDRESS	1835 Octavia Street
CITY-ST-ZIP	NEW ORLEANS LA	5.4 CITY-ST-ZIP	New Orleans, LA
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marshall F. Ordemann, Jr. 1/18/95 (504)367-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074692