

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **824107** (7)  
1. Corporation Name  
**LGS CONCORD CORPORATION**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/09/1970</b>		3a. Date of Last Report <b>07/03/1996</b>	
21		26		4. FEI Number <b>41-0944322</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AVERY, JAMES P</b>	1.2 NAME	<b>Ricky Burke</b>
STREET ADDRESS	<b>28 ENGLISH TURN DRIVE</b>	1.3 STREET ADDRESS	<b>36 Schill Street</b>
CITY-ST-ZIP	<b>NEW ORLEANS LO</b>	1.4 CITY-ST-ZIP	<b>Kenner, LA 70065</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOW, LEONARD</b>	2.2 NAME	
STREET ADDRESS	<b>180 LANTERN RIDGE ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW CANAAN CT</b>	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERGUSON, DARYL A.</b>	3.2 NAME	
STREET ADDRESS	<b>45 HEMLOCK RIDGE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTON CT</b>	3.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESANTIS, ROBERT J.</b>	4.2 NAME	
STREET ADDRESS	<b>7 HUCKLEBERRY DR NORTH</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORWALK CT</b>	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORDEMAN, MARSHALL F. J</b>	5.2 NAME	
STREET ADDRESS	<b>1835 OCTAVA STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

CR2E037 (4/97)