

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **824107** (7)  
1. Corporation Name  
**LGS CONCORD CORPORATION**

Principal Place of Business <b>1233 WESTBANK EXPRESSWAY P.O. BOX 433 HARVEY LA 70059</b>	Mailing Address <b>1233 WESTBANK EXPRESSWAY P.O. BOX 433 HARVEY LA 70059</b>
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3. Date Incorporated or Qualified

**01/09/1970**

4. FEI Number

**41-0944322**

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

**FL**

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

TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>BURKE, RICKY</b>	
STREET ADDRESS	<b>36 SCHILL STREET</b>	
CITY-ST-ZIP	<b>KENNER LA</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>TOW, LEONARD</b>	
STREET ADDRESS	<b>180 LANTERN RIDGE ROAD</b>	
CITY-ST-ZIP	<b>NEW CANAAN CT</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>FERGUSON, DARYL A.</b>	
STREET ADDRESS	<b>45 HEMLOCK RIDGE</b>	
CITY-ST-ZIP	<b>WESTON CT</b>	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	<b>DESANTIS, ROBERT J.</b>	
STREET ADDRESS	<b>7 HUCKLEBERRY DR NORTH</b>	
CITY-ST-ZIP	<b>NORWALK CT</b>	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	<b>ORDEMANN, MARSHALL F. J</b>	
STREET ADDRESS	<b>1835 OCTAVIA STREET</b>	
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>Edward O. Kipperman</b>	
STREET ADDRESS	<b>18 Briarcliff Road</b>	
CITY-ST-ZIP	<b>New City, NY 10956</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>44 Killian Avenue</b>
3.4 CITY-ST-ZIP	<b>Trumbull, CT 06611</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>222 Dudley Road</b>
4.4 CITY-ST-ZIP	<b>Wilton, CT 06880</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-98

(203) 614-5600

Date

Daytime Phone # 0078615

CR2E037 (10/97)

**CITIZENS UTILITIES COMPANY  
PUBLIC SERVICE SECTOR  
LGS CONCORD CORPORATION  
OFFICER & DIRECTOR LIST**

**DIRECTORS (4):** Leonard Tow, Daryl A. Ferguson, J. Michael Love, Paul G. Townsley

**OFFICERS:**

Daryl A. Ferguson	President and Chief Operating Officer
Robert J. DeSantis	Vice President, Treasurer, CFO & Ass't Sec.
J. Michael Love	Vice President
Edward O. Kipperman	Vice President
L. Russell Mitten	Vice President, General Counsel & Ass't Sec.
Robert O'Brien	Vice President
James D. Ranton	Vice President
Livingston E. Ross	Vice President and Controller
Paul G. Townsley	Vice President
Donald Weinstein	Vice President
Frederick L. Kreiss, Jr.	Vice President
Charles J. Weiss	Secretary and Assistant Vice President
Kenneth C. Dering	Assistant Treasurer and Assistant Vice President
Laura L. DiPreta	Assistant Vice President & Ass't Controller
Lee Ann Conti	Assistant Secretary
Susan M. Redner	Assistant Secretary
Barbara Snider	Assistant Secretary