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FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 825747 (9)
1. Corporation Name
FREEPORT SULPHUR COMPANY



Principal Place of Business
1615 POYDRAS ST.
P.O. BOX 61119, ATTN: TAX DEPT.
NEW ORLEANS LA 70161

Mailing Address
1615 POYDRAS ST.
P.O. BOX 61119, ATTN: TAX DEPT.
NEW ORLEANS LA 70161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/11/1971

| | | | |
|--------------------------------|------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 13-2671006 | Not Applicable |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 Country | 29 Country | 30 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

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, typed or printed name of registered agent and title if applicable to

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|--|---|---|
| TITLE | V COMBS, RONALD J. | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1615 POYDRAS ST | | 1.2 NAME | "SEE ATTACHED" |
| STREET ADDRESS | NEW ORLEANS LA | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 1.4 CITY-ST-ZIP | |
| | | | | |
| TITLE | V BECNELL, R.J. | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1615 POYDRAS ST | | 2.2 NAME | |
| STREET ADDRESS | NEW ORLEANS LA | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | |
| TITLE | T DUNCAN, FOSTER T | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1615 POYDRAS ST. | | 3.2 NAME | |
| STREET ADDRESS | NEW ORLEANS LA | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | S KILANOWSKI, MICHAEL C. J | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1615 POYDRAS ST | | 4.2 NAME | |
| STREET ADDRESS | NEW ORLEANS LA | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | CD LATIOLAIS, RENE' L. | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1615 POYDRAS ST. | | 5.2 NAME | |
| STREET ADDRESS | NEW ORLEANS LA | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

CR2E034 (10/97)

Freeport Sulphur Company

Federal ID # 13-2671006

Directors:

Individual

Business Address

Robert M. Wohleber

1615 Poydras St., New Orleans, LA 70112

Officers:

Title

Individual

Business Address

**Chairman of the
Board**

Robert M. Wohleber

1615 Poydras St., New Orleans, LA 70112

Vice President

Dean T. Falgoust

1615 Poydras St., New Orleans, LA 70112

Vice President

Nancy D. Parmelee

1615 Poydras St., New Orleans, LA 70112

Vice President

Charles W. Goodyear

1615 Poydras St., New Orleans, LA 70112

Treasurer

Kathleen L. Quirk

1615 Poydras St., New Orleans, LA 70112

Secretary

Michael C. Kilanowski, Jr.

1615 Poydras St., New Orleans, LA 70112