PLEASE READ	ALL INSTRUCTIONS	BEFORE C	COMPLETING THIS FORM.				
APPLICATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # 832310 1. Corporation Name Industrial Molasses Company Inc.			FILED 99 OCT -1 PM 1: 12 SECHETA OF STATE TALLAHASSEE, FLORIDA				
				Principal Place of Business	Mailing Address		1
				365 Canal Street, Ste 2900 New Orleans, LA 70130			REINSTATEMENT COMP
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			DO NOT WAITE IN THIS SPACE				
New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida					
Suite. Apt #, etc	Suite, Apt. #, etc.		5. FEI Number Applied For				
City & State	City & State		22-1712462 Not Applicable 6.				
7(p Country	Zip Count	γ	CERTIFICATE OF STATUS DESIRED 58 75 Additional Fee required for a Certificate of Status				
7. Names and Street Addresses of Each Officer and/							
Title(s) Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box f		City / State / Zip				
See attached							
			50003006059 -10/06/9901003011 ***1350.00 ***1350.00				
8. Name and Address of Current 8	Registered Agent	1	9. Name and Address of New Registered Agent				
8. Name and Address of Current Registered Agent CT Corporation System			P.Ö. Box Number is Not Acceptable)				
4000 0 D. T. T. I. D. I			Street Address (P.O. Box Number is Not Acceptable)				
riantation, it 33324		Suite, Apl. #, Etc.					
		City	City State Zip Code				
0. I, being appointed the redistered agent of the abording nature of legistered Agent	ve named corporation, am familiar w VICTOR GISTERED AGENT MASSISTA	ALFANO	bligations of Section 607.0505, F.S. 769/99				
Does this corporation pay a Dept. of Revenue under S.	ny intangible tax to th	ne .					
2 I do hereby certify that the information supplied w lease the Division of Corporations from any liabilit certify that I am an officer or director or the receive this reinstatement application the reason be desi- fees owed by the corporation have then paid in under oath.	ith this filing is voluntarily furnished y of pen-compliance with Section 11 year trustee empowered to execut- mution has been eliminated, the co- ne information indicated on this app	and does not qualify 9.07(3)(k) in the eve e ornication as porate name satisfic lication is true and a	y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re- ent that the information supplied is deemed exempt from public access. I provided for in chapter 607 or 617, F.S. I further certify that when filling as the requirements of section 607.0401 or 617.0401, F.S., and that all accurate, and my signature shall have the same legal effect as if made				
SIGNATURE: SIGNATURE AND TYPES OR PRIN	JED NAME OF SIGNING OFFICER OR	ames R. Lac	cy 9/20/99 (504) 525-9741 Date Daytime Phone #				

365 Canal Street, Suite 2900 . New Orleans, Louisiana 70130 (504) 525-9741

fax: (504) 636-5292

WESTWAY TRANSPORTATION COMPANY

Officers:

James R. Lacy, President

365 Canal Street, Suite 2900 New Orleans, LA 70130

Cindy V. Hughes, Executive Vice President

365 Canal Street, Suite 2900 New Orleans, LA 70130

Mark Prchal, Vice President

365 Canal Street, Suite 2900 New Orleans, LA 70130

Gary M. Rindner, Secretary

2 World Financial Center, 27th Floor

New York, NY 10281-2700

Anthony R. Watts, Assistant Secretary

365 Canal Street, Suite 2900 New Orleans, LA 70130

Directors:

Peter J. M. Harding, CEO

365 Canal Street, Suite 2900 New Orleans, LA 70130

James R. Lacy, President

365 Canal Street, Suite 2900 New Orleans, LA 70130

Cindy V. Hughes, Executive Vice President

365 Canal Street, Suite 2900 New Orleans, LA 70130

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