

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 835479

1. Entity Name

MECHANICAL EQUIPMENT COMPANY, INC.



Principal Place of Business

3855 FRANCE ROAD
NEW ORLEANS, LA 70126

Mailing Address

1615 POYDRAS ST 1400
NEW ORLEANS, LA 70112

DO NOT WRITE IN THIS SPACE



07062005 No Chg-P CR2E034 (10/03)

4. FEI Number

72-0397859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE C
NAME MCMILLAN, LR
STREET ADDRESS 1615 POYDRAS ST., #1400
CITY-ST-ZIP NEW ORLEANS, LA 70112

TITLE D
NAME GSELL, GORDON B., JR.
STREET ADDRESS 1615 POYDRAS ST., #1400
CITY-ST-ZIP NEW ORLEANS, LA 70112

TITLE D
NAME POTTHARST, TITINE C.
STREET ADDRESS 1615 POYDRAS ST., #1400
CITY-ST-ZIP NEW ORLEANS, LA 70112

TITLE P
NAME GEORGE V GSELL
STREET ADDRESS 1615 POYDRAS ST., #1400
CITY-ST-ZIP NEW ORLEANS, LA 70112

TITLE TSV
NAME SIRAGUSA, REANO P
STREET ADDRESS 1615 POYDRAS ST., #1400
CITY-ST-ZIP NEW ORLEANS, LA 70112

TITLE V
NAME DISI, SHARIF
STREET ADDRESS 1615 POYDRAS ST., #1400
CITY-ST-ZIP NEW ORLEANS, LA 70112

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07/15/05-80006-021 150.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REANO P. SIRAGUSA, Executive VP & CFO 7/6/05 504-599-4000