FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:05

DOCUMENT # 847459 (5)

1. Corporation Name
GREAT RIVER OIL & GAS CORPORATION

Principal Place of Business	Mailing Address
1450 POYDRAS ST STE 1520 NEW ORLEANS LA 70112-3003	1450 POYDRAS ST STE 1520 NEW ORLEANS LA 70112-3003

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/12/1980
3a. Date of Last Report: 02/25/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 72-0895452 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ 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

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE
Signature, typed or printed name of individual agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	☐ Change ☐ Addition
NAME	CLARKE, M K	1.2 NAME	
STREET ADDRESS	1450 POYDRAS ST STE 1520	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	VINCENT, L K	2.2 NAME	
STREET ADDRESS	1450 POYDRAS ST STE 1520	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☒ Change ☐ Addition
NAME	LEHEW, R. WAYNE	3.2 NAME	PLEASE DELETE
STREET ADDRESS	1450 POYDRAS ST STE 1520	3.3 STREET ADDRESS	RETIRED - NO LONGER WITH THE COMPANY
CITY-ST-ZIP	NEW ORLEANS, LA 00000	3.4 CITY-ST-ZIP	LEHEW, R. WAYNE
TITLE	VT	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, LEON M., JR.	4.2 NAME	
STREET ADDRESS	1450 POYDRAS ST STE 1520	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SWANSON, THOMAS G	5.2 NAME	
STREET ADDRESS	400 PERIMETER CENTER 595	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SATRUM, JERRY R.	6.2 NAME	
STREET ADDRESS	400 PERIMETER CENTER 595	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: L. Keith Vincent V-P, Secretary 1/23/95 (504) 528-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0471081 FP