FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **847459** **(5)**

1. Corporation Name
GREAT RIVER OIL & GAS CORPORATION

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

Mailing Address
1450 POYDRAS ST STE 1520
NEW ORLEANS LA 70112-3003

3. Date Incorporated or Qualified: **11/12/1980**
3a. Date of Last Report: **02/07/1995**
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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	CP	☐ DELETE
NAME	CLARKE, M K	
STREET ADDRESS	1450 POYDRAS ST STE 1520	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	VS	☐ DELETE
NAME	VINCENT, L K	
STREET ADDRESS	1450 POYDRAS ST STE 1520	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	VT	☐ DELETE
NAME	SMITH, LEON M., JR.	
STREET ADDRESS	1450 POYDRAS ST STE 1520	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	D	☐ DELETE
NAME	SWANSON, THOMAS G	
STREET ADDRESS	400 PERIMETER CENTER 595	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	☐ DELETE
NAME	SATRUM, JERRY R.	
STREET ADDRESS	400 PERIMETER CENTER 595	
CITY-ST-ZIP	ATLANTA GA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: [signature] L. Keith Vincent
Vice President, Secretary 2-8-96 (504) 528-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #