3-1-95 1667-C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

DOCUMENT # 850297 (3)

1. Corporate Name
MATERIAL TRANSFER, INC.

Principal Place of Business
650 POYDRAS ST., STE. 1700
NEW ORLEANS LA 70130

Mailing Address
650 POYDRAS ST., STE. 1700
NEW ORLEANS LA 70130

APPROVED AND FILED
95 MAR -1 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/04/1981
3a. Date of Last Report: 05/01/1994

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

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

4. FEI Number: 72-0922714 — 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
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: Typed and Printed Name of Registered Agent and Title of Officer — NOTE: Registered Agent signature required when resigning — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	DS	1.1 TITLE	X Change ☐ Addition
Name	DENEGRE, GEORGE	1.2 NAME	
Street Address	201 ST. CHARLES AVE.	1.3 STREET ADDRESS	
City-St-Zip	NEW ORLEANS LA 00000	1.4 CITY-ST-ZIP	New Orleans, LA 70170
Title	VD	2.1 TITLE	X Change ☐ Addition
Name	LARSEN, C S	2.2 NAME	
Street Address	650 POYDRAS ST, SUITE 1700	2.3 STREET ADDRESS	
City-St-Zip	NEW ORLEANS, LA 0	2.4 CITY-ST-ZIP	New Orleans, LA 70130
Title	V	3.1 TITLE	X Change ☐ Addition
Name	FERGUSON, GARY L	3.2 NAME	
Street Address	650 POYDRAS ST, SUITE 1700	3.3 STREET ADDRESS	
City-St-Zip	NEW ORLEANS, LA 0	3.4 CITY-ST-ZIP	New Orleans, LA 70130
Title	PD	4.1 TITLE	X Change ☐ Addition
Name	JOHNSEN, ERIK F	4.2 NAME	
Street Address	650 POYDRAS ST, SUITE 1700	4.3 STREET ADDRESS	
City-St-Zip	NEW ORLEANS, LA 0	4.4 CITY-ST-ZIP	New Orleans, LA 70130
Title	CD	5.1 TITLE	X Change ☐ Addition
Name	JOHNSEN, N W	5.2 NAME	
Street Address	ONE WHITEHALL STREET	5.3 STREET ADDRESS	
City-St-Zip	NEW YORK, N Y 0	5.4 CITY-ST-ZIP	New York, NY 10004
Title	TD	6.1 TITLE	X Change ☐ Addition
Name	MORRISON, S., E	6.2 NAME	
Street Address	650 POYDRAS ST, SUITE 1700	6.3 STREET ADDRESS	
City-St-Zip	NEW ORLEANS LA	6.4 CITY-ST-ZIP	New Orleans, LA 70130

14. I hereby certify that the information indicated on this 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 a director or officer of the corporation or other person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an asterisk.

SIGNATURE: Gary L. Ferguson, Vice- Pres 2/24/95 (504)529-5461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0472021 FP