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 # **850297** **(3)**

1. Corporation Name

MATERIAL TRANSFER, INC.

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

3. Date Incorporated or Qualified: **09/04/1981**
3a. Date of Last Report: **03/01/1995**

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

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

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 _____
Signature, typed or printed name of Registered Agent and Date (required) (NEW Registered Agent's signature, printed name and date required)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☐ DELETE	1.1 TITLE		☒ 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	☐ DELETE	2.1 TITLE		☒ 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	☐ DELETE	3.1 TITLE		☒ 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	☐ DELETE	4.1 TITLE		☒ 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	☐ DELETE	5.1 TITLE		☒ 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	☒ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME	MORRISON, S., E.		6.2 NAME	David B. Drake	
STREET ADDRESS	650 POYDRAS ST, SUITE 1700		6.3 STREET ADDRESS	650 Poydras Street, Suite 1700	
CITY-ST-ZIP	NEW ORLEANS LA		6.4 CITY-ST-ZIP	New Orleans, LA 70130	

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 addition.

SIGNATURE: Gary L. Ferguson (504)529-5461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)