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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address
650 POYDRAS ST., STE. 1700
NEW ORLEANS LA 70130-8101

3. Date Incorporated or Qualified 09/04/1981	3a. Date of Last Report 04/24/1996
4. FEI Number 72-0922714	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DS DENEGRE, GEORGE 201 ST. CHARLES AVE. NEW ORLEANS LA 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition New Orleans, LA 70170
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD LARSEN, C S 650 POYDRAS ST, SUITE 1700 NEW ORLEANS, LA 0	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition New Orleans, LA 70130
TITLE NAME STREET ADDRESS CITY-ST, ZIP	V FERGUSON, GARY L 650 POYDRAS ST, SUITE 1700 NEW ORLEANS, LA 0	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition New Orleans, LA 70130
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD JOHNSEN, ERIK F 650 POYDRAS ST, SUITE 1700 NEW ORLEANS, LA 0	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition New Orleans, LA 70130
TITLE NAME STREET ADDRESS CITY, ST, ZIP	CD JOHNSEN, N W ONE WHITEHALL STREET NEW YORK, N Y 0	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition New York, NY 10004
TITLE NAME STREET ADDRESS CITY-ST, ZIP	T DRAKE, DAVID B 650 POYDRAS ST, SUITE 1700 NEW ORLEANS LA	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition New Orleans, LA 70130

14. I do 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 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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY L. Ferguson 2/25/97 (504) 529-5461

Date

Daytime Phone #

CR2E034 (9/96)