FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 850297

(3)

MATERIAL TRANSFER, INC.

FILED

Mar 18 1998 8:00am

Secretary of State

- 1980 1980 1981 1984 1985 1984 1987 1984 1984 1984 1984 1984 1984 Mailing Address

650 POYDRAS ST., STE. 1700 NEW ORLEANS LA 70130		650 POYDRAS ST., STE. 1700 NEW ORLEANS LA 70130			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 09/04/1981		
2. Principal Place of Business 2s. Mailing Address					4. FEI Number	Applied For	
21 26			· · · · · · · · · · · · · · · · · · ·		72-0922714	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the o		
24	9. Name and Address of Current	Pagistered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No	
CT		Hedistelen Waent	81	Name	10. Name and Address of New Hegisters	o Agent	
	CORPORATION SYSTEM DO S. PINE ISLAND ROAD		L				
PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)			
			63				
			84	City	F	85 Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	and 607.1508, Florida State of Florida. Such change was lions of, Section 607.0505, F	utes, the above authorized by lorida Statute	ve-named corporate.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing its registered ppointment as registered	
SIGNATURE	Signature, typed or printed name of registered agen	and tria (Capplicable (NC	OTF: Begistered A	sent signature se	guired when reinstating) DATE		
12.	OFFICERS AND		13.	, y miore fe	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DS	DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	DENEGRE, GEORGE		1.2 NAME)			
STREET ADDRESS	201 ST. CHARLES AVE.		1.3 STREE	T ADDRESS	•		
CITY-ST-ZIP	NEW ORLEANS LA		1.4 City-	ST-ZIP			
TITLE	VD	DELETE	2.1 TITLE	1	у Ъ	☐ Change ☒ Addition	
NAME	LARSEN, C S	_	2.2 NAME	1	MARK T. HAWLEY		
STREET ADDRESS	650 POYDRAS ST, SUITE 1700)	2.3 STREE	T ADORESS (450 POYCLERS SCHOOL, SCHOOLING		
CITY-ST-ZIP	NEW ORLEANS LA	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY-	ST-ZIP	MARK T. HAWLEY 450 Poydras Street, Scot 1700 Jew Orlean, LA 70130		
TITLE	V CONTRACTOR OF THE CONTRACTOR	☐ DELETE	3.1 TITLE	ļ	•	☐ Change ☐ Addition	
NAME	FERGUSON, GARY L	`	3.2 NAME				
STREET ADDRESS	650 POYDRAS ST, SUITE 1700 NEW ORLEANS LA	,		T ADDRESS			
CITY-SI-ZIP TITLE	PD PD	DELETE	3.4. City-	ST-ZIP		Change Addition	
NAME	Johnsen, erik f	C VILLIE	4.1 IIILE	,	D	EN OUR CAN PORTOR	
STREET ADDRESS	650 POYDRAS ST, SUITE 1700)		T ADDRESS	-		
CITY-ST-ZIP	NEW ORLEANS LA		4.4 CITY-	1			
TITLE	CD	DELETE	5.1 TITLE		Ь	Change Addition	
NAME	JOHNSEN, N W		5.2 NAME				
STREET ADDRESS	ONE WHITEHALL STREET		5.3 STREE	T ADDRESS			
CITY ST-ZIP	NEW YORK NY		5,4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change Addition	
NAME	DRAKE, DAVID B		6.2 NAME				
STREET ADDRESS	650 POYDRAS ST, SUITE 1700)	6.3 STREE	T ADDRESS			
CITY-ST-74P	NEW ORLEANS LA		64 CITY-	ST-7IP			

14. I 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 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 phartised, or on an attachnical with an address.