

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90216 025 \*\*\*150.00

DOCUMENT # 850297

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1981

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☐ DELETE  
NAME DENEGRE, GEORGE  
STREET ADDRESS 201 ST. CHARLES AVE.  
CITY-ST-ZIP NEW ORLEANS LA

TITLE VD ☐ DELETE  
NAME HAWLEY, MARK T  
STREET ADDRESS 650 POYDRAS ST, SUITE 1700  
CITY-ST-ZIP NEW ORLEANS LA 70130

TITLE V ☐ DELETE  
NAME FERGUSON, GARY L  
STREET ADDRESS 650 POYDRAS ST, SUITE 1700  
CITY-ST-ZIP NEW ORLEANS LA

TITLE D ☐ DELETE  
NAME JOHNSEN, ERIK F  
STREET ADDRESS 650 POYDRAS ST, SUITE 1700  
CITY-ST-ZIP NEW ORLEANS LA

TITLE D ☐ DELETE  
NAME JOHNSEN, N W  
STREET ADDRESS ONE WHITEHALL STREET  
CITY-ST-ZIP NEW YORK NY

TITLE T ☐ DELETE  
NAME DRAKE, DAVID B  
STREET ADDRESS 650 POYDRAS ST, SUITE 1700  
CITY-ST-ZIP NEW ORLEANS LA

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DR. DRAKE

4/15/99

(504) 524-5461

CR2E034 (11/98)