


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 850297 1. Entity Name MATERIAL TRANSFER, INC.	
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Principal Place of Business 650 POYDRAS ST., STE. 1700 NEW ORLEANS, LA 70130	Mailing Address 650 POYDRAS ST., STE. 1700 NEW ORLEANS, LA 70130
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02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-0922714	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000130542 04/26/04-80121-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSEN, R. CHRISTIAN 499 S CAPITOL ST SW STE 600 WASHINGTON, DC 20003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, ERIK L 650 POYDRAS ST, SUITE 1700 NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERGUSON, GARY L 650 POYDRAS ST, SUITE 1700 NEW ORLEANS, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSEN, ERIK F 650 POYDRAS ST, SUITE 1700 NEW ORLEANS, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSEN, N W ONE WHITEHALL STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRAKE, DAVID B 650 POYDRAS ST, SUITE 1700 NEW ORLEANS, LA

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  D.B. Drake	4/22/04	(504) 593-8302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #