

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 850297	
1. Entity 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



01102005 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**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	JOHNSON, R. CHRISTIAN
STREET ADDRESS	499 S CAPITOL ST SW STE 600
CITY- ST- ZIP	WASHINGTON, DC 20003
TITLE	DP
NAME	JOHNSON, ERIK L
STREET ADDRESS	650 POYDRAS ST, SUITE 1700
CITY- ST- ZIP	NEW ORLEANS, LA 70130
TITLE	V
NAME	FERGUSON, GARY L
STREET ADDRESS	650 POYDRAS ST, SUITE 1700
CITY- ST- ZIP	NEW ORLEANS, LA
TITLE	D
NAME	JOHNSON, ERIK F
STREET ADDRESS	650 POYDRAS ST, SUITE 1700
CITY- ST- ZIP	NEW ORLEANS, LA
TITLE	D
NAME	JOHNSON, N W
STREET ADDRESS	ONE WHITEHALL STREET
CITY- ST- ZIP	NEW YORK, NY
TITLE	T
NAME	DRAKE, DAVID B
STREET ADDRESS	650 POYDRAS ST, SUITE 1700
CITY- ST- ZIP	NEW ORLEANS, LA

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04/28/05-80011-004 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. B. Drake

4/26/05

(504) 593-8302

Daytime Phone #