2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 08:00 A
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

03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-0922714

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000675864
03/30/07-80036-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	JOHNSEN, 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	VP
NAME	ESTRADA, MANUEL G
STREET ADDRESS	650 POYDRAS ST, SUITE 1700
CITY-ST-ZIP	NEW ORLEANS, LA 70130
TITLE	D
NAME	JOHNSEN, ERIK F
STREET ADDRESS	650 POYDRAS ST, SUITE 1700
CITY-ST-ZIP	NEW ORLEANS, LA
TITLE	D
NAME	JOHNSEN, 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

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Alissa J Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #