

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90195 023 ***150.00

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**

11015328



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **72-0922714**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **JOHNSON, R. CHRISTIAN**
STREET ADDRESS **499 S CAPITOL ST SW STE 600**
CITY - ST - ZIP **WASHINGTON DC 20003**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **DP** ☐ Delete
NAME **JOHNSON, ERIK L**
STREET ADDRESS **650 POYDRAS ST, SUITE 1700**
CITY - ST - ZIP **NEW ORLEANS LA 70130**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** ☐ Delete
NAME **JOHNSON, N W**
STREET ADDRESS **ONE WHITEHALL STREET**
CITY - ST - ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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

4/22/03

Date

(504) 543-8302

Daytime Phone #

CR2E034 (10/02)