

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 14, 1999 8:00 am  
Secretary of State

04-14-1999 90208 044 \*\*\*150.00

DOCUMENT # 853341

1. Corporation Name

SECO EAST COAST, INC.

Principal Place of Business

THREE LAKEWAY: 3838 N. CAUSEWAY BLVD.  
SUITE 2200  
METAIRIE LA 70002

Mailing Address

THREE LAKEWAY: 3838 N. CAUSEWAY BLVD.  
SUITE 2200  
METAIRIE LA 70002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1982

4. FEI Number

72-0627047

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME FRACASSI, PHILIP  
STREET ADDRESS 100 KING ST WEST  
CITY-ST-ZIP HAMILTON ON L8N 4

☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD  
NAME CHISTE, ROBERT M  
STREET ADDRESS 5151 SAN FELIPE, STE 1600  
CITY-ST-ZIP HOUSTON TX 77056

☐ DELETE

2.1 TITLE PRESIDENT  
2.2 NAME ALEC THOMAS  
2.3 STREET ADDRESS 5151 SAN FELIPE, STE 1600  
2.4 CITY-ST-ZIP HOUSTON, TX 77056

☒ Change ☐ Addition

TITLE D  
NAME WOODCROFT, JOHN  
STREET ADDRESS 100 KING ST WEST  
CITY-ST-ZIP HAMILTON ON L8N 4

☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V  
NAME LANDRY, BRYAN A  
STREET ADDRESS 813 WILLOW OAK LANE  
CITY-ST-ZIP MANDEVILLE LA

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
NAME RAMIREZ, MICHAEL W  
STREET ADDRESS 5151 SAN FELIPE, STE 1500  
CITY-ST-ZIP HOUSTON TX 77056

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME SOULE, COLIN  
STREET ADDRESS 100 KING ST WEST  
CITY-ST-ZIP HAMILTON ON L8N 4

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: X *Bryan A. Landry* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRYAN A. LANDRY

Date

(504) 834-8100

Daytime Phone #

CR2E034 (11/98)

0584349