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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:24

DOCUMENT # 858328 (8)

1. Corporation Name
HOWARD, WEIL, LABOUISSE, FRIEDRICHS INCORPORATED

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% SUSAN BROUSSARD 1100 POYDRAS ST., SUITE 900 NEW ORLEANS LA 70163-0900 US	% SUSAN BROUSSARD 1100 POYDRAS ST., SUITE 900 NEW ORLEANS LA 70163-0900 US

3. Date Incorporated or Qualified: 11/02/1983
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 72-0696314 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEVERT, JOHN B. JR.	1.2 NAME		
STREET ADDRESS	1514 NASHVILLE AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, WILLIAM H.	2.2 NAME		
STREET ADDRESS	5936 CHESTNUT STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA	2.4 CITY-ST-ZIP		
TITLE	VTS	3.1 TITLE	VTS PLEASE DELETE	☒ Change ☐ Addition
NAME	WINCHESTER, JAMES E.	3.2 NAME	WINCHESTER, JAMES E.	
STREET ADDRESS	917 TRANSCONTINENTAL DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	METAIRIE LA	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	VTS	☐ Change ☒ Addition
NAME		4.2 NAME	WEAVER, BARBARA L.	
STREET ADDRESS		4.3 STREET ADDRESS	117 WAGNER DRIVE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	RIVER RIDGE, LA 70123	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Barbara L Weaver BARBARA L. WEAVER 01-23-95 504-582-2662
SIGNATURE OF OFFICER OR DIRECTOR PRINTED NAME OF PERSON SIGNING Date Daytime Phone #

0478006 FP