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Secretary of State
04-01-2002 90687 001 ***300.00

38358

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000003753

1. Entity Name

TRANSTAR MARINE, INC.

(FEI # 72-1507226)

Principal Place of Business	Mailing Address
4342 MICHOUD BLVD. NEW ORLEANS LA 70129	4342 MICHOUD BLVD. NEW ORLEANS LA 70129

DO NOT WRITE IN THIS SPACE

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: 72-1507226 APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA FILING & SEARCH SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE FL 32303	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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD SCHEINKMAN, STEVEN 4342 MICHOUD BLVD. NEW ORLEANS LA 70129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HEINDEL, DANIEL 4342 MICHOUD BLVD. NEW ORLEANS LA 70129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALPERT, THEODORE 4342 MICHOUD BLVD. NEW ORLEANS LA 70129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MIDDLEBROOK, JACK 4342 MICHOUD BLVD. NEW ORLEANS LA 70129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOGAN, JEFFREY 4342 MICHOUD BLVD. NEW ORLEANS LA 70129	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP Michael Zuadel 4342 Michoud Blvd. New Orleans, LA 70129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHACKLEFORD, KELLY 4342 MICHOUD BLVD. NEW ORLEANS LA 70129	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP Steve Levet 4342 Michoud Blvd New Orleans, LA 70129	☐ Change ☒ Addition

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED EVP/CFO 7/15/02 818 729-4760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #