## 2004 FOR PROFIT CORPORATION

ANNUAL REPORT							-	را هي رکم سا		<u>.</u>	~	
DOGUMENT, #F0300000241  1. Entity Name IT GROUP, INC.							O4 MAR-22-PM-12:30					
Principal Place of Business 8550 UNITED PLAZA BLVD. #702 BATON ROUGE, LA 70809				Mailing Address 8550 UNITED PLAZA BLVD. #702 BATON ROUGE, LA 70809								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			203012004	Chg-P	CR2E034 (1	0/03)		
City & State				City & State			4. FEI Number	037184			olied For Applicable	
Zip	Country			Zip		try	5. Certificate of	of Status Desired		5 Addi	tional	
6. Name and Address of Current R				tered Agent		7. Name and Address of New Registered Agent						
Street Address							RPDIRECT AGENTS, INC.  (P.O. Box Number is Not Acceptable) 03 N. MERIDIAN STREET  AHASSEE  FL Zip Gode 3 2 3 0 1					
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 acceptations of registered agent.  SIGNATURE  Signature: yeard or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										and accept		
							.00 May Be ed to Fees	- , =	· <u></u>			
10.		OFFICERS A	ND DIREC	CTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRE	CTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Delete POCHE', P. EMILE JR. 943 CASTLE KIRK DRIVE BATON ROUGE, LA 70808					E Et address -ST-Zip	Change — Addition 700031805547 04/05/0401010008 **150.00				Addition	
TITLE NAME STREET ADDRESS* CITY+ST-ZIP	943 CAS1	BERNARDINE ILE KIRK DRIVE OUGE, LA 70808		☐ Delete		ľ			<u> </u>	nange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete GRIFFIN, STEPHEN PO BOX 52714 NEW ORLEANS, LA					ET ADDRESS -ST-ZIP			c	nange	Addition	
TITLE  NAME  STREET ADDRESS  CITY ST-ZIP	I	U, LINDA ROD STREET ITE, LA 70043		☐ Delete					c	nange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		i			<u> </u>	nange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					CI	nange	☐ Addition	
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: Bunaclaire C. Porte 3/16/04 225-988-4535  SIGNATURE AND TYPED OR PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR  Date Daytime Phone 5												
		See/Treasure										