

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000002674

1. Entity Name
LAZARD GROUP, INC.



Principal Place of Business
**18153 EAST PETROLEUM DRIVE
BATON ROUGE, LA 70809**

Mailing Address
**15958 CITY WALK
SUITE 260
SUGAR LAND, TX 77479**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1401651

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PCD
DOMINGUE, W. LEE
18153 EAST PETROLEUM DRIVE
BATON ROUGE, LA 70809**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
HERNDON, S. CHRIS
15958 CITY WALK, SUITE 260
SUGAR LAND, TX 77479**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
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CITY- ST- ZIP

000007450975
03/10/06-80027-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/20/06
Date

281-491-5800
Daytime Phone #