

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005360

FILED
Mar 23, 2009
Secretary of State

Entity Name: CRESCENT BANK & TRUST COMPANY

Current Principal Place of Business:

1100 POYDRAS ST. STE. 100
NEW ORLEANS, LA 70163

New Principal Place of Business:

Current Mailing Address:

1100 POYDRAS ST. STE. 100
NEW ORLEANS, LA 70163

New Mailing Address:

FEI Number: 72-1195686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SOLOMON, GARY N
Address: 1100 POYDRAS ST. STE. 100
City-St-Zip: NEW ORLEANS, LA 70163

Title: DS () Delete
Name: SOLOMON, MARTHA N
Address: 1100 POYDRAS ST. STE. 100
City-St-Zip: NEW ORLEANS, LA 70163

Title: P () Delete
Name: MORGAN, FRED B III
Address: 1100 POYDRAS ST. STE. 100
City-St-Zip: NEW ORLEANS, LA 70163

Title: CFO () Delete
Name: POCHE, JR., LEON K
Address: 5401 JEFFERSON HWY., STE. D
City-St-Zip: HARAHAN, LA 70123

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: JONES, BRADD
Address: 5401 JEFFERSON HWY., STE. D
City-St-Zip: HARAHAN, LA 70123

Title: ASST () Change (X) Addition
Name: ESTENZO-PETTIT, MARIE A
Address: 5401 JEFFERSON HWY., STE. D
City-St-Zip: HARAHAN, LA 70123

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE ESTENZO-PETTIT

ASST

03/23/2009

Electronic Signature of Signing Officer or Director

Date