

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 29 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07072008 Chg-P CR2E034 (12/06)

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # F07000006135</b><br>1. Entity Name<br><b>STANFORD TRUST COMPANY</b>  |   |  |  |  |  |
| Principal Place of Business<br><b>445 N. BOULEVARD, 8TH FLOOR<br/>BATON ROUGE, LA 70802</b>  |   |  | Mailing Address<br><b>445 N. BOULEVARD, 8TH FLOOR<br/>BATON ROUGE, LA 70802</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |  |  |  |
| City & State<br><br>Zip Country  |   | City & State<br><br>Zip Country  |  |  |  |
| 4. FEI Number<br><b>76-0618032</b>   |   |  |  | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SOTO, ALEX MCLANE<br/>1111 BRICKELL AVE., STE. 2500<br/>MIAMI, FL 33131</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.  |   |  |  |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 12, 2008</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>FOURNET, LOUIS B<br>445 N. BOULEVARD, 8TH FLOOR<br>BATON ROUGE, LA 70802   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CHIEF FINANCIAL OFFICER<br>JIM WELLS<br>5051 WESTHEIMER<br>HOUSTON, TX 77056   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>GREEN, JASON<br>445 N. BOULEVARD, 8TH FLOOR<br>BATON ROUGE, LA 70802       | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DIRECTOR - D<br>ZACK PARRISH<br>5051 WESTHEIMER<br>HOUSTON, TX 77056   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>REYNAUD, CLAUDE<br>ONE AMERICAN PLACE, SUITE 2300<br>BATON ROUGE, LA 70802 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DIRECTOR - D<br>DANNY BOGAR<br>201 S. BISCAYNE BLVD, STE 1200<br>MIAMI, FL 33131   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HAYMON, CORDELL<br>727 MAIN STREET<br>BATON ROUGE, LA 70802                | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 100133965681<br>08/05/08--01004--017 **158.75  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>FRAZER, THOMAS<br>7520 PERKINS ROAD, STE. 280<br>BATON ROUGE, LA 70808     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>COMEAX, JAY<br>5050 WESTHEIMER<br>HOUSTON, TX 77056                        | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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 another like empowered. |   |  |  |  |  |
| SIGNATURE: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | Date <b>7-8-08</b> Daytime Phone # <b>225 381 0575</b>   |  |  |