SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG 10 AM 11:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F93000000242 (8)**

1. Corporation Name
THE STANDARD COMPANIES, INC.

Principal Place of Business	Mailing Address
640 MAGAZINE STREET NEW ORLEANS LA 70130	640 MAGAZINE STREET NEW ORLEANS LA 70130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/04/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 72-1226186	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	REILY, ROBERT D	1.2 NAME	
STREET ADDRESS	640 MAGAZINE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70130	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	MAURER, ROBERT	2.2 NAME	
STREET ADDRESS	640 MAGAZINE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70130	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	GREGORIO, ANTHONY	3.2 NAME	
STREET ADDRESS	640 MAGAZINE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70130	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	HERRMANN, HAROLD M JR.	4.2 NAME	
STREET ADDRESS	640 MAGAZINE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70130	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	COULTER, JOAN	5.2 NAME	
STREET ADDRESS	640 MAGAZINE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70130	5.4 CITY-ST-ZIP	
TITLE	DS	6.1 TITLE	☐ Change ☐ Addition
NAME	REILY, W.B. III	6.2 NAME	
STREET ADDRESS	640 MAGAZINE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70130	6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anthony Gregorio 7/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102970 FN