

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000005595 (4)**

1. Corporation Name

ENTERGY INTEGRATED SOLUTIONS, INC.

Principal Place of Business

**4740 SHELBY DR., #105
MEMPHIS TN 38118**

Mailing Address

**4740 SHELBY DR., #105
MEMPHIS TN 38118**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1993

4. FEI Number

62-1517604

Applied For

Not Applicable

2. Principal Place of Business

21 3838 N. CAUSEWAY

Suite, Apt. #, etc.

22 3400

City & State

23 METAIRIE, LA

Zip

24 70002

Country

25 USA

2a. Mailing Address

26 P.O. BOX 5900

Suite, Apt. #, etc.

27

City & State

28 METAIRIE, LA

Zip

29 70009

Country

30 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **LANDY, RICHARD J**
STREET ADDRESS **4740 SHELBY DR., #105**
CITY-ST-ZIP **MEMPHIS TN 38118**

TITLE **AS** ☐ DELETE

NAME **HAMRIC, LAURENCE M**
STREET ADDRESS **37 ENGLISH TURN**
CITY-ST-ZIP **NEW ORLEANS LA 70131**

TITLE **SD** ☐ DELETE

NAME **THOMPSON, MICHAEL G**
STREET ADDRESS **225 BARONNE ST., 28TH FLOOR**
CITY-ST-ZIP **MEMPHIS TN**

TITLE **D** ☒ DELETE

NAME **MCINVALE, GERALD D**
STREET ADDRESS **639 LOYOLA AVE.**
CITY-ST-ZIP **NEW ORLEANS LA 70112**

TITLE **T** ☒ DELETE

NAME **BOSCH, JOHN L.**
STREET ADDRESS **4740 E. SHELBY DRIVE, #105**
CITY-ST-ZIP **MEMPHIS TN**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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

CR2E034 (10/97)