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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:21

DOCUMENT # **F94000002163 (3)**

1. Corporation Name
FIRST AMERICAN EXCHANGE CORPORATION

Principal Place of Business	Mailing Address
237 LAFAYETTE ST. NEW ORLEANS LA 70130	237 LAFAYETTE ST. NEW ORLEANS LA 70130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 510 Bienville Street	26 510 Bienville Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Same	City & State 28 Same
Zip / Country 24 Same / 25	Zip / Country 29 Same / 30

4. FEI Number: ~~APPLIED FOR~~ 72-1263897 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LAJOIE, JOHN ESQ
6600 NW 16TH ST., #4
PLANTATION FL 33313

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 2807 Remington Green Circle
83
84 City: Tallahassee **FL** 85 Zip Code: 32308

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 an officer (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	11 TITLE		☒ Change ☐ Addition
NAME	CASBON, JOHN N	12 NAME		
STREET ADDRESS	237 LAFAYETTE ST.	13 STREET ADDRESS	510 Bienville Street	
CITY-ST-ZIP	NEW ORLEANS LA 70130	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	KEENAN, PETER C	22 NAME		
STREET ADDRESS	237 LAFAYETTE ST.	23 STREET ADDRESS	510 Bienville Street	
CITY-ST-ZIP	NEW ORLEANS LA 70130	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☒ Change ☐ Addition
NAME	MURDOCK, TURALU B	32 NAME		
STREET ADDRESS	237 LAFAYETTE ST.	33 STREET ADDRESS	510 Bienville Street	
CITY-ST-ZIP	NEW ORLEANS LA 70130	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: P K Keenan 3-31-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

800-247-4035
Daytime Phone #

0472023 FP