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

FILED
Jun 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # F94000002206 (0)

1. Corporation Name
SIGMA CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
~~14423 OLD HAMMOND HWY.~~ BATON ROUGE LA 70816	14423 OLD HAMMOND HWY. BATON ROUGE LA 70816

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1994

2. Principal Place of Business	2a. Mailing Address
21 10305 Airline Hwy	26 10305 Airline Hwy
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Baton Rouge LA	28 Baton Rouge, LA
24 70816 Zip / 25 Country	29 70816 Zip / 30 Country

4. FEI Number: 72-1105441 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GAULT, MAURICE ALLEN JR ~~1905 KIRKMAN RD.~~ 2402 Brixham Ave. ~~SUITE 650~~ ~~ORLANDO FL 32811~~ Orlando, FL 32828	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRASUELL, STEPHEN J	1.2 NAME	
STREET ADDRESS	~~17041 CHADSFORD~~ 67 Rue Ou's VD	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~BATON ROUGE LA 70817~~ MADISONVILLE LA 70447	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DOOLEY, MICHAEL N	2.2 NAME	
STREET ADDRESS	~~6540 STEVENDALE RD.~~ 3711 Valentine Rd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA ~~70810~~ 70816	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, MILES B.	3.2 NAME	
STREET ADDRESS	~~223 SHADY LAKE PKWY~~ 10711 Thistlewood	3.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA 70810	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	300002578503
STREET ADDRESS		6.3 STREET ADDRESS	-07/02/98--01008--031
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

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.