

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F94000005439		
1. Entity Name HOWARD WEIL INCORPORATED		
Principal Place of Business 100 LIGHT STREET 23 FLOOR CORPORATE LEGAL BALTIMORE, MD 21202 US	Mailing Address 100 LIGHT STREET 23 FLOOR CORPORATE LEGAL BALTIMORE, MD 21202 US	
2. Principal Place of Business 1100 POYDRAS STREET Suite, Apt. #, etc. SUITE 3500 City & State NEW ORLEANS LA Zip 70163 Country UNITED STATES	3. Mailing Address 1100 POYDRAS STREET Suite, Apt. #, etc. SUITE 3500 City & State NEW ORLEANS LA Zip 70163 Country UNITED STATES	
REINSTATEMENT 06		
10162006 REIN-P CR2E098 (11/05)		
4. FEI Number 52-1794977		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO WALKER, WILLIAM H 1100 POYDRAS NEW ORLEANS, LA 70163	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEVE, TIMOTHY C 100 LIGHT STREET BALTIMORE, MD 21202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAIN, PETER L 100 LIGHT ST BALTIMORE, MD 21202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO MARTINEZ, JOHN 100 LIGHT ST BALTIMORE, MD 21202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINKLEY, JAMES W 311 MEADOWCROFT LANE BALTIMORE, MD	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKER, JEFFERSON G 1100 POYDRAS STREET NEW ORLEANS, LA 70163	<input checked="" type="checkbox"/> Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER PAUL G. PURSLEY 1100 POYDRAS STREET SUITE 3500 NEW ORLEANS LA 70163	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER WILLIAM SANCHEZ 3200 SOUTHWEST FREEWAY SUITE 110 HOUSTON, TX 77027	
900081126269 10/23/06--01068--007 **150.00		
PRESIDENT PARKER, JEFFERSON G. 1100 POYDRAS STREET SUITE 3500 NEW ORLEANS LA 70163		
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 all other like empowered.		
SIGNATURE: <u>JAMES M. JONES III, CONTROLLER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
10-17-06 504-582-2841 <small>Date Daytime Phone #</small>		