


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2007 8:00 am
Secretary of State

07-31-2007 90007 036 ***550.00

DOCUMENT # F94000005439 1. Entity Name HOWARD WEIL INCORPORATED	
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Principal Place of Business 1100 POYDRAS STREET, STE 3500 NEW ORLEANS, LA 70163 US	Mailing Address 1100 POYDRAS STREET, STE 3500 NEW ORLEANS, LA 70163 US
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DO NOT WRITE IN THIS SPACE



07232007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1794977	Applied For 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**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM PURSLEY, PAUL E 1100 POYDRAS STREET, STE 3500 NEW ORLEANS, LA 70163
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM SANCHEZ, WILLIAM 3200 SOUTHWEST FREEWAY, STE 1170 HOUSTON, TX 77027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PARKER, JEFFERSON G 1100 POYDRAS STREET, STE 3500 NEW ORLEANS, LA 70163
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IN THIS SPACE**

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: James M. Jones III **JAMES M. JONES III** 7-23-07 504-582-2841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CONTROLLER