

DOCUMENT # F95000000663

1. Entity Name

PETROLEUM HELICOPTERS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

02-26-2000 90021 031 ***150.00

Principal Place of Business

Mailing Address

2121 AIRLINE HIGHWAY
 SUITE 400
 METAIRIE LA 70001

PO BOX 90808
 LAFATETTE LA 70509-0808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

72-0395707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
 NAME LAMBERT, ROBERT
 STREET ADDRESS 1 GALLERIA TOWER, 13355 NOEL RD BX 55 1185
 CITY-ST-ZIP DALLAS TX

TITLE D ☐ Change ☒ Addition
 NAME MURPHY, THOMAS
 STREET ADDRESS 400 TRAVIS STREET, SUITE 1910
 CITY-ST-ZIP SHREVEPORT, LA 71101-3188

TITLE D ☐ Delete
 NAME MCFARLAND, DEAN J
 STREET ADDRESS A B-FREEMAN SCHOOL OF BUSINESS
 CITY-ST-ZIP NEW ORLEANS LA

TITLE D ☐ Change ☒ Addition
 NAME BREAUULT, JR, ARTHUR J
 STREET ADDRESS 22 BROOKSHIRE ROAD
 CITY-ST-ZIP WORCHESTER, MA 01609

TITLE D ☐ Delete
 NAME WHITMAN, BRUCE N
 STREET ADDRESS MARINE AIR TERMINAL, LAGUARDIA AIRPORT
 CITY-ST-ZIP FLUSHING NY

TITLE D ☐ Change ☒ Addition
 NAME MICHAEL McCANN
 STREET ADDRESS POST OFFICE BOX 90808 or 113 BORMAN DR
 CITY-ST-ZIP LAFAYETTE, LA 70509

TITLE D ☐ Delete
 NAME HORNER, LEONARD M
 STREET ADDRESS 7500 HEATHERWOOD COURT
 CITY-ST-ZIP FORT WORTH TX

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael McCann

2/18/2000

(337) 235-2452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)