

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90051 007 ***150.00

DOCUMENT # F97000001674

1. Corporation Name

B&W SERVICE COMPANY

Principal Place of Business

PO BOX 665
BARBERTON OH 44203

Mailing Address

PO BOX 665
BARBERTON OH 44203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1997

4. FEI Number

31-1492113

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
-Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 C/O Tax Dept

22 City & State

27 PO Box 61038
28 New Orleans, LA

23 Zip

Country

29 Zip

Country

24

25

29 70161

30

USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME MURPHY, S WAYNE
STREET ADDRESS 1450 POYDRAS ST
CITY-ST-ZIP NEW ORLEANS LA 70112

TITLE D ☒ DELETE

NAME WOOLBERT, RICHARD E
STREET ADDRESS 1450 POYDRAS ST
CITY-ST-ZIP NEW ORLEANS LA 70112

TITLE V ☐ DELETE

NAME HENZLER, THOMAS A
STREET ADDRESS 1450 POYDRAS ST
CITY-ST-ZIP NEW ORLEANS LA 70112

TITLE T ☐ DELETE

NAME JOLLIFF, ROBERT A
STREET ADDRESS 1450 POYDRAS ST
CITY-ST-ZIP NEW ORLEANS LA 70112

TITLE S ☐ DELETE

NAME TSAI, JOHN S
STREET ADDRESS 1450 POYDRAS ST
CITY-ST-ZIP NEW ORLEANS LA 70112

TITLE S ☐ DELETE

NAME STUMPF, ROBERT E
STREET ADDRESS 1450 POYDRAS ST
CITY-ST-ZIP NEW ORLEANS LA 70112

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SEE ATTACHED LISTING ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Director ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Gaubert, D.R.
1450 Poydras Street
New Orleans, LA 70112

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Assistant Secretary ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Thomas A. Henzler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS A. HENZLER
V.P.-Tax Admin.

4/1/99

(504) 587-4411

Date

Daytime Phone #

CR2E034 (11/98)