2000 UNIFORM BUSINESS REPORT (UBR)

an address, with all other like empowered

SIGNATURE:

Rêne Cor Lo Rene For 10 President

<u>(504) 566-3300</u>

## FILED DOCUMENT # **F98000005805** Jul 13, 2000 8:00 am PAN-AMERICAN FINANCIAL SECURITIES SALES COMPANY **Secretary of State** 07-13-2000 90016 029 \*\*\*550.00 Mailing Address Principal Place of Business 601 POYDRAS ST. 601 POYDRAS ST. **SUITE 1200 SUITE 1200** NEW ORLEANS LA 70130 **NEW ORLEANS LA 70130-6029** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 72-1009902 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE ROBERTS, JOHN K JR. NAME NAME 601 POYDRAS ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP **NEW ORLEANS LA 70130** CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE PURVIS, G. FRANK JR. NAME STREET ADDRESS STREET ADDRESS 601 POYDRAS ST. CITY-ST-ZIP CITY-ST-ZIP **NEW ORLEANS LA 70130** ☐ Delete Change Addition DP TITLE TITLE LORIO, RENE NAME NAME STREET ADDRESS 601 POYDRAS STREET, SUITE 1200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW ORLEANS LA 70130** ☐ Change ☐ Addition ☐ Delete TITLE TITL F LOMBARD, PATRICIA A NAME NAME STREET ADDRESS STREET ADDRESS 601 POYDRAS ST. CITY-ST-ZIP CITY-ST-ZIP **NEW ORLEANS LA 70130** ☐ Change ☐ Addition ☐ Delete TITLE TITLE STRAUB, PHILIP J NAME NAME STREET ADDRESS 601 POYDRAS ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **NEW ORLEANS LA 70130** X Change ☐ Addition Delete TITLE TITLE NAME ABBRECHT, RICHARD JR NAME Durante, John J. STREET ADDRESS STREET ADDRESS 601 POYDRAS STREET, SUITE 1200 601 Poydras Street, Suite 2600 CITY-ST-ZIP CITY-ST-ZIP **NEW ORLEANS LA 70130** New Orleans, LA 70130 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.