2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
04-09-2008 90022 010 ***158.75

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1. Entity Name
BURK-KLEINPETER, INC.

40062517

Principal Place of Business	Mailing Address
4176 CANAL STREET NEW ORLEAS, LA 70119	4176 CANAL STREET NEW ORLEAS, LA 70119

03272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1175112
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ 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
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BURK, WILLIAM R III
STREET ADDRESS	4176 CANAL STREET
CITY-ST-ZIP	NEW ORLEANS, LA 70119
TITLE	P
NAME	KLEINPETER, GEORGE C
STREET ADDRESS	4176 CANAL STREET
CITY-ST-ZIP	NEW ORLEANS, LA 70119
TITLE	V
NAME	ARMBRUSTER, JAMES W
STREET ADDRESS	4176 CANAL STREET
CITY-ST-ZIP	NEW ORLEANS, LA 70119
TITLE	D
NAME	JACKSON, MICHAEL L
STREET ADDRESS	4176 CANAL STREET
CITY-ST-ZIP	NEW ORLEANS, LA 70119
TITLE	D
NAME	BADON, BRUCE L
STREET ADDRESS	4176 CANAL STREET
CITY-ST-ZIP	NEW ORLEANS, LA 70119
TITLE	V
NAME	GIARDINA, J.W. "BILL" JR.
STREET ADDRESS	4176 CANAL STREET
CITY-ST-ZIP	NEW ORLEANS, LA 70119

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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: _____ 3/27/08 504-486-5901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #