

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED:
AND
FILED

00 JUN -5 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/20/00 01051--001
DO NOT WRITE IN THIS SPACE

*****50.00 *****50.00

DOCUMENT # **MA98000001359**

1. Entity Name

Freeport-McMoRan Sulphur LLC

Principal Place of Business

Mailing Address

1615 Poydras Street
New Orleans, LA 70112

2. Principal Place of Business

1615 Poydras Street

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 61119

Suite, Apt. #, etc.

City & State

New Orleans, LA 70112

City & State

New Orleans, LA 70161

Zip

Country

USA

Zip

Country

USA

4. FEI Number

72-1424200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & COO Theodore P. Fowler 1615 Poydras Street New Orleans, LA 70112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kenneth D. Ellzey 1615 Poydras Street New Orleans, LA 70112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kathleen L. Quirk 1615 Poydras Street New Orleans, LA 70112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President John L. Koch, III 1615 Poydras Street New Orleans, LA 70112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Nancy D. Parmelee 1615 Poydras Street New Orleans, LA 70112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Douglas N. Currault II 1615 Poydras Street New Orleans, LA 70112	<input checked="" type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM McMoRan Exploration Co. 1615 Poydras Street New Orleans, LA 70112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

John L. Koch, III

4/26/00

Date

(504) 582-4000

Daytime Phone #

CR2E083 (11/99)