

2001 UNIFORM BUSINESS REPORT (UBR)

0029798 AF

DOCUMENT # M98000001359

1. Entity Name
FREEPORT-MCMORAN SULPHUR LLC

FILED

01 APR -6 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1615 POYDRAS STREET
NEW ORLEANS LA 70112**

Mailing Address
**P.O. BOX 61119
NEW ORLEANS LA 70161**



2. Principal Place of Business
Suite, Apt. #, etc.
Tax Department

3. Mailing Address
Suite, Apt. #, etc.
Tax Department

DO NOT WRITE IN THIS SPACE

City & State
City & State

4. FEI Number **72-1424200** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

Zip Country **USA** Zip Country **USA**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**100004009201--6
-04/16/01--01006--001
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCMORAN EXPLORATION CO. 1615 POYDRAS STREET NEW ORLEANS LA 70112	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: **4/3/01** **(504) 582-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)