2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# N05000009048

Entity Name: BOASSO AMERICA CORPORATION EMPLOYEE RELIEF FUND, INC.

Current Principal Place of Business:

16230 DEZAVALA ROAD
CHANNELVIEW, TX 77530

New Principal Place of Business:

100 INTERMODAL DRIVE
CHALMETTE, LA 70043

Current Mailing Address:

16230 DEZAVALA ROAD
CHANNELVIEW, TX 77530

New Mailing Address:

100 INTERMODAL DRIVE
CHALMETTE, LA 70043

FEI Number: 20-3408423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DILL, ROBERT J
4811 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BOASSO, WALTER J
Address: 16230 DEZAVALA ROAD
City-St-Zip: CHANNELVIEW, TX 77530

Title: DVPS ( ) Delete
Name: GIROIR, SCOTT D
Address: 16230 DEZAVALA ROAD
City-St-Zip: CHANNELVIEW, TX 77530

Title: DT ( ) Delete
Name: SHOWALTER, ROBERT E
Address: 16230 DEZAVALA ROAD
City-St-Zip: CHANNELVIEW, TX 77530

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BOASSO, WALTER J
Address: 100 INTERMODAL DRIVE
City-St-Zip: CHALMETTE, LA 70043

Title: DVPS (X) Change ( ) Addition
Name: GIROIR, SCOTT D
Address: 100 INTERMODAL DRIVE
City-St-Zip: CHALMETTE, LA 70043

Title: DT (X) Change ( ) Addition
Name: SHOWALTER, ROBERT E
Address: 100 INTERMODAL DRIVE
City-St-Zip: CHALMETTE, LA 70043

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. SHOWALTER DT 01/11/2007

Electronic Signature of Signing Officer or Director — Date