

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01922**

1. Entity Name

JMC CAPITAL MANAGEMENT, INC.**FILED**
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90210 040 ***150.00

80010011

DO NOT WRITE IN THIS SPACE

Principal Place of Business TWO LAKEWAY CENTER #1400 3850 N. CAUSEWAY BLVD. METAIRIE LA 70002	Mailing Address TWO LAKEWAY CENTER #1400 3850 N. CAUSEWAY BLVD. METAIRIE LA 70002-1752
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 72-0897683	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASAMENTO, STEPHEN J. 3104 PALM VISTA DR METAIRIE LA <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	VPST BOHNET, RICHARD F. JR. 218 RICHLAND DR E MANDEVILLE LA <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	VD JOHNSON, EARL JR. 6030 CRIMSON CT. MCCLEAN VA <input checked="" 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	VPD ROHM, MICHAEL R. 82 CHATEAU MOUTON DRIVE KENNER LA 70065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT (NO LONGER A DIRECTOR) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHN C. HADDEN 700 NORTH BEACH BOULEVARD BAY ST. LOUIS, MS #(%@) <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHN C. HADDEN 700 NORTH BEACH BOULEVARD BAY ST. LOUIS, MS 39520 <input type="checkbox"/> Change <input checked="" 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

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.

SIGNATURE:*Stephen J. Casamento*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00 (504) 833-1111

Date

Daytime Phone #

STEPHEN J. CASAMENTO, PRESIDENT

P01922

B0010011

STATE OF RHODE ISLAND
SECRETARY OF STATE
CORPORATIONS DIVISION
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

8. NAMES AND ADDRESS OF OFFICERS (CONTINUED)

VICE PRESIDENTS:

MICHAEL W. ROHM
82 CHATEAU MOUTON
KENNER, LA 70065

JOHN C. HADDEN
700 NORTH BEACH BOULEVARD
BAY ST. LOUIS, MS 39520