

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31853

1. Entity Name
TECHNICAL COMPRESSION SERVICES, INC.

08-08-2000 90018 043 ***158.75

FILED P31853
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 OCT 24 AM 10:09

80011100



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 2206 ENGINEERS ROAD
 BELLE CHASSE LA 70037

Mailing Address
 2206 ENGINEERS ROAD
 BELLE CHASSE LA 70037

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number **72-0770569**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEINECKE, GERALD 1419 NASHVILLE AVENUE NEW ORLEANS LA 70115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARRIS, LISA 1355 MOSS STREET NEW ORLEANS LA 70119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FONTAINE, LARRY 9 HIDDEN HILLS LAKE ROAD ARNAUVILLE LA 70512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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, and all other persons empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/00 **504-392-2600**
Date Daytime Phone #

CRECORA (5/00)

(2)

TECHNICAL COMPRESSION SERVICES, INC.

October 17, 2000

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

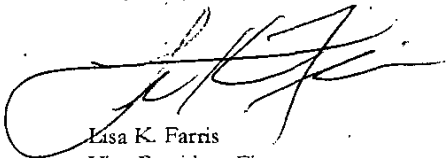
RE: Technical Compression Services, Inc.

Dear Sir:

The above named taxpayer received a Notice of Dissolution from your office dated September 22, 2000. On August 8, 2000 the taxpayer received a notice from your office indicating the 2000 Uniform Business Report was not filed on a timely basis. At that time, the undersigned wrote a letter to your office requesting abatement of the penalty.

The original Form 2000 Uniform Business Report was received in our office the first week of July. The taxpayer completed the form and mailed it to your office July 31, 2000. The instructions indicate the return is due no later than May 1. However, the taxpayer received the return after the due date, and therefore, could not timely file the return. Accordingly, the taxpayer respectfully requests the Florida Department of State to reinstate the corporation and abate all penalties assessed do to late filing. If you have any questions, please do not hesitate to contact the undersigned.

Very Truly Yours,



Lisa K. Farris
Vice President Finance

2206 Engineers Road
P.O. Box 548
Belle Chasse, Louisiana 70037
(504) 392-2600

**TECHNICAL
COMPRESSION
SERVICES, INC.**



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August 29, 2000

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

RE: Technical Compression Services, Inc.

Dear Sir:

The above referenced taxpayer received a notice from your office indicating it did not file Form 2000 Uniform Business Report in a timely manner. This return was due May 1, 2000, however, the taxpayer did not receive the form from your office until July, 2000. The taxpayer could not file the return in a timely manner. Accordingly, the taxpayer respectfully requests abatement of the late filing penalty.

If you have any questions concerning this matter, please do not hesitate to contact the undersigned.

Very Truly Yours,

Lisa K. Farris
Vice President Finance