FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P32176** **(0)**

1. Corporation Name

NMI TOWING CO.

Principal Place of Business	Mailing Address
1515 POYDRAS ST SUITE 1500 BOX 52189 NEW ORLEANS LA 70152-2189 US	1515 POYDRAS ST SUITE 1500 BOX 52189 NEW ORLEANS LA 70152-2189 US

3. Date Incorporated or Qualified: **12/14/1990**
3a. Date of Last Report: **02/16/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **25-1241814** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VERONA, D.J.		1.2 NAME		
STREET ADDRESS	1515 POYDRAS STR, STE 1500		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PEGHER, R.W.		2.2 NAME		
STREET ADDRESS	1515 POYDRAS STR, STE 1500		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WAGSTAFF, D. III		3.2 NAME		
STREET ADDRESS	1515 POYDRAS STR, STE 1500		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA		3.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HENKE, C.J. J		4.2 NAME		
STREET ADDRESS	SIX PPG PLACE, SUITE 800		4.3 STREET ADDRESS	4099 WILLIAM PENN HIGHWAY-STE 102	
CITY-ST-ZIP	PITTSBURGH PA		4.4 CITY-ST-ZIP	MONROEVILLE, PA 15146	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SWEENEY, C.E.		5.2 NAME		
STREET ADDRESS	1515 POYDRAS STR, STE 1500		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MULVIHILL, JOHN W		6.2 NAME		
STREET ADDRESS	1515 POYDRAS ST., STE 1500		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x John W. Mulvihill 4/26/96 (504)529-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)