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Feb 04 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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
**1515 POYDRAS ST
SUITE 1500 BOX 52189
NEW ORLEANS LA 70152-2189
US**

Mailing Address
**1515 POYDRAS ST
SUITE 1500 BOX 52189
NEW ORLEANS LA 70152-2189
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
12/14/1990

3a. Date of Last Report
05/01/1996

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

Signature (typed or printed name of registered agent, and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD VERONA, D.J.**
STREET ADDRESS **1515 POYDRAS STR, STE 1500**
CITY - ST - ZIP **NEW ORLEANS LA**

TITLE ☐ DELETE
NAME **V PEGHER, R.W.**
STREET ADDRESS **1515 POYDRAS STR, STE 1500**
CITY - ST - ZIP **NEW ORLEANS LA**

TITLE ☐ DELETE
NAME **VD WAGSTAFF, D. III**
STREET ADDRESS **1515 POYDRAS STR, STE 1500**
CITY - ST - ZIP **NEW ORLEANS LA**

TITLE ☒ DELETE
NAME **VSD HENKE, C.J. J**
STREET ADDRESS **4099 WILLIAM PENN HIGHWAY, STE. 702**
CITY - ST - ZIP **MONROEVILLE PA**

TITLE ☒ DELETE
NAME **V SWEENEY, C.E.**
STREET ADDRESS **1515 POYDRAS STR, STE 1500**
CITY - ST - ZIP **NEW ORLEANS LA**

TITLE ☐ DELETE
NAME **T MULVHILL, JOHN W**
STREET ADDRESS **1515 POYDRAS ST., STE 1500**
CITY - ST - ZIP **NEW ORLEANS LA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE **Vice Pres./Director** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE **SECRETARY** ☐ Change ☒ Addition
4.2 NAME **STEPHEN J. RADATONICH**
4.3 STREET ADDRESS **1515 Poydras St., SUITE 1500**
4.4 CITY - ST - ZIP **New Orleans LA 70112**

5.1 TITLE **ASST. SECRETARY** ☐ Change ☒ Addition
5.2 NAME **James M. FIORENZA**
5.3 STREET ADDRESS **1515 Poydras St., SUITE 1500**
5.4 CITY - ST - ZIP **New Orleans, LA 70112**

6.1 TITLE **Treasurer/Director** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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:

James M. Fiorenza

James M. FIORENZA

1/27/97

504-529-8682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)