2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee changed, or on an attachment with an add

SIGNATURE:

FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # **P96000070705** NOBLE LAND, INC. 05-17-2000 90936 050 ***150.00 Principal Place of Business Mailing Address 111 VETERANS BLVD. 111 VETERANS BLVD. STF 1020 STE 1020 METARIE LA 70005 METARIE LA 70005 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 72-1335833 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUSTON, GARY W Street Address (P.O. Box Number is Not Acceptable) 125 WEST ROMANA ST SUITE 800 PENSACOLA FL 32591-3010 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Change PD TITLE ☐ Delete TITLE MCNAMARA, JOHN C III NAME NAME STREET ADDRESS STREET ADDRESS 111 VETERANS BLVD STE 1020 CITY-ST-ZIP CITY-ST-ZIP METAIRIE LA Change ☐ Delete ☐ Addition TITLE Secretary/Treasurer TITLE NAME Jarrett, Keith a Jr NAME Jarrett, Keith A. Jr. STREET ADDRESS STREET ADDRESS 111 VETERANS BLVD STE 1020 111 Veterans Blvd Suite 1020 CITY-ST-7IP CITY-ST-7IP METAIRIE LA Metairie, La. 70005 Change ☐ Addition TITI F ☐ Delete TITLE STEWART, FRANK B JR NAME NAME STREET ADDRESS STREET ADDRESS -111-VETERANS_BLVD-STE=1020 CITY-ST-ZIP CITY-ST-ZIP METAIRIE LA Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trustge empowered to execute report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted or on a state-flored statutes.

04/13/00 504-831-5252