

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V74126** (6)

1. Corporation Name
CHEMICAL CAPITAL, INC.



Principal Place of Business: **3510 N CAUSEWAY BLVD SUITE 602 NEW ORLEANS LA 70002**
Mailing Address: **3510 N CAUSEWAY BLVD SUITE 602 NEW ORLEANS LA 70002**

3. Date Incorporated or Qualified: **10/23/1992**
3a. Date of Last Report: **07/25/1995**
4. FEI Number: **72-1223680**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324**
10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

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: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|---|
| TITLE | AS | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HULL, DANIEL T JR. | 2. NAME | |
| STREET ADDRESS | 920 FIRST ALABAMA BANK B | 3. STREET ADDRESS | |
| CITY-ST-ZIP | BIRMINGHAM AL | 4. CITY-ST-ZIP | |
| TITLE | PCEO | 7. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REES, RICK S | 8. NAME | |
| STREET ADDRESS | 3510 N. CAUSEWAY BLVD., 602 | 9. STREET ADDRESS | |
| CITY-ST-ZIP | METAIRIE LA 70002 | 10. CITY-ST-ZIP | |
| TITLE | VPTD | 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEVENS, RONALD J | 4. NAME | |
| STREET ADDRESS | 31 N. ROYAL ST., STE. 1900 | 5. STREET ADDRESS | |
| CITY-ST-ZIP | MOBILE AL 36802 | 6. CITY-ST-ZIP | |
| TITLE | S | 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOPPER, GREGORY A | 7. NAME | |
| STREET ADDRESS | 3510 N. CAUSEWAY BLVD., 602 | 8. STREET ADDRESS | |
| CITY-ST-ZIP | METAIRIE LA 36802 | 9. CITY-ST-ZIP | |
| TITLE | D | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOORE, LELAND T | 6. NAME | |
| STREET ADDRESS | 31 N. ROYAL ST., STE. 1900 | 7. STREET ADDRESS | |
| CITY-ST-ZIP | MOBILE AL 36802 | 8. CITY-ST-ZIP | |
| TITLE | DC | 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WELLER, THOMAS C JR. | 7. NAME | |
| STREET ADDRESS | 31 N. ROYAL ST., STE. 1900 | 8. STREET ADDRESS | |
| CITY-ST-ZIP | MOBILE AL 36802 | 9. 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: *Gregory A. Hopper* See Gregory A. Hopper 2/12/96 504 851 1301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MON/PHONE #

CR2E034 (12/95)