

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F36888

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: SAGRANS ASSET SUBSIDIARY, INC.

**Current Principal Place of Business:**

3850 N. CAUSEWAY BLVD.  
#800  
METAIRIE, LA 70002

**New Principal Place of Business:**

**Current Mailing Address:**

3850 N. CAUSEWAY BLVD.  
#800  
METAIRIE, LA 70002

**New Mailing Address:**

FEI Number: 59-2098503      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GREEN, CATHY  
Address: 3850 N. CAUSEWAY BLVD., #800  
City-St-Zip: METAIRIE, LA 70002

Title: S ( ) Delete  
Name: GIBSON, PRATT  
Address: 3850 N. CAUSEWAY BLVD., #800  
City-St-Zip: METAIRIE, LA 70002

Title: T ( ) Delete  
Name: GREEN, CATHY  
Address: 3850 N. CAUSEWAY BLVD., #800  
City-St-Zip: METAIRIE, LA 70002

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: BELAND, MICHAEL  
Address: 3850 N. CAUSEWAY BLVD., #800  
City-St-Zip: METAIRIE, LA 70002

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BELAND

T

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date