

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000006019

**Entity Name:** BURK-KLEINPETER, INC.**Current Principal Place of Business:**4176 CANAL STREET  
NEW ORLEAS, LA 70119**Current Mailing Address:**4176 CANAL STREET  
NEW ORLEAS, LA 70119**FEI Number:** 72-1175112**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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

**Officer/Director Detail :**

Title CB  
Name BURK, WILLIAM RIII  
Address 4176 CANAL STREET  
City-State-Zip: NEW ORLEANS LA 70119

Title PRES  
Name KLEINPETER, GEORGE C  
Address 4176 CANAL STREET  
City-State-Zip: NEW ORLEANS LA 70119

Title EVP  
Name ARMBRUSTER, JAMES W  
Address 4176 CANAL STREET  
City-State-Zip: NEW ORLEANS LA 70119

Title EVP  
Name JACKSON, MICHAEL L  
Address 4176 CANAL STREET  
City-State-Zip: NEW ORLEANS LA 70119

Title EVP  
Name BADON, BRUCE L  
Address 4176 CANAL STREET  
City-State-Zip: NEW ORLEANS LA 70119

Title EVP  
Name GIARDINA, J.W. "BILL" JR.  
Address 4176 CANAL STREET  
City-State-Zip: NEW ORLEANS LA 70119

Title RVP  
Name CHOPIN, MICHAEL D  
Address 4176 CANAL STREET  
City-State-Zip: NEW ORLEAS LA 70119

*I hereby 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 all other like empowered.*

**SIGNATURE:** JAMES W. ARMBRUSTER**EXECUTIVE VICE-  
PRESIDENT****02/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date