

2018 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****02/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date