

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401,222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filling Period: January 1 - March 1 • Filling Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-150).

subject to a penalty fee of \$25.00	0 .	,, ,	(30)	eys aget inc time preserioea by	шw (к.1.G.L, /-1.2-1501(сста)) is		
1. Corporate ID No. 884	2 Name of Co Lanier & A	rporation Associates Consulting E	ingineers, Inc.	·			
3. Street Address Principal Business Office 4101 Magazine St.			New Orleans	State LA	Zip 70115		
			enters Regional Council Welfare Fund				
6. Brief Description of the Chard Consulting Engineers							
7 NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTA President Name E. Sorrell Lanier			ACHMENT) EILLIN SPACES BEFORE USING ATTACHMENTS Vice President Name Gilbert J. Chatagnier, III				
Street Address 4101 Magazine Street			Street Address 4101 Magazine Stre	Street Address 4101 Magazine Street			
New Orleans	State L A	<i>Σίμ</i> 70115	City New Orleans	State L A	^{Zip} 70115		
Secretary Name Eleanor B. Lanier			Treasurer Name Eleanor B. Lanier				
Street Address 4101 Magazine Street			Street Address 4101 Magazine Stre	Street Address 4101 Magazine Street			
New Orleans	State LA	^{Zip} 70115	City New Orleans	State LA	^{Zip} 70115		
8. NAMES AND ADDRES	SES OF THE DIR	ECTORŚ _I ("X" BOX FOR.	<i>attachment)</i> 🗍 fill in	SPACES BEFORE USIN	G ATTACHMENTS		
Director Name E. Sorrell Lanier			Director Name Eleanor B. Lanier	·			
Street Address 4101 Magazine Street			:	Street Address 4101 Magazine Street			
New Orleans	State LA	<i>zip</i> 70115	Chy New Orleans	State LA	^{Zip} 70115		
Director Name None	•••••••••••••••••••••••••••••••••••••••	***************************************	Director Name None	Director Name			
Street Address			Street Address	Street Address			
City	State	Zip	Сйу	State	Zip		
9. SHARES AUTHORIZEI				("X" BOX FOR ATTAC TION MUST BE COMPLETED	* * * * * * * * * * * * * * * * * * *		
This information is curren	ntly of record in t	he Office of the Secretary o	1 Cal	Class/Series	Par Value		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			1,000	Common	No		
				not must be di	TREATH TO A FOLL		
This report must be execu	ted on behalf of th	ne corporation by an author	rized representative. If the co	orporation is in the hand	s of a receiver or trustee,		

this report must be executed on behalf of the corporation by the receiver or trustee.

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Under penalty of perjury, I declare and affirm that I have examined this report,
including any accompanying schedules and statements, and that all statements
contained he ein are true and correct.
Silvatagner 6 JAN 09
Signature Date
G. J. CHATAGNIER
Print or Type Name
EXEC. V.P.
Title