## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT-CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 833018 1. Corporation Name

DE-LEUW, GATHER & COMPANY, INC.

Parsons Transportation Group Inc.

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90139 009 \*\*\*158.75



							<u> </u>				
Principal Place of Business Mailing Address							1				
1133 15TH STREET N.W. 1133 15TH STREET N.W. WASHINGTON DO 2005 170				O4							
WASHINGTON DC 20005-2701 WASHINGTON DC 20005-2701							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed				
							09/11/1974				
Principal Place of Business     2			2a. Mailing Address				4. FEI Number	Applied For			
11		26					36-0982270	Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired Serviced Fee Required				
27 27											
City & State		City & State				<del>.</del>	6. Election Campaign Financing \$5.00 May Be				
23		Zip Country					Trust Fund Contribution Added to Fees				
Zip ─_	Country	Zip			ntry		8. This corporation owes the current year Into	angible Yes	Г	JNo	
24	25	29		30			Personal Property Tax.  10. Name and Address of New Registered				
<del> </del>	9. Name and Address of Current	Registere	d Agent		81	Name	10. Maille and Address of Hor Hogisters				
CT C	ORPORATION SYSTEM										
8751 W. BROWARD BOULEVARD					82	Street Add	ress (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324					83						
1 6/1	TATION TE GOOZ4							<del></del>			
					84	City	FL	85	Zip Co	ode	
44 0	- 14	2 and 607 1	EOR Elorida Statute	e the a	2016	named corr		L changin	a its re	eaistered	
office or re agent. I a	m familiar with, and accept the obligat	of Florida. Sions of, Sec	Such change was a ction 607.0505, Flo	uthorized rida Statu	by i	the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	itment a	as regi	stered	
SIGNATURE							ed when reinstating) DATE			\	
12.	Signature, typed or printed name of registered agent OFFICERS ANI			13.	Agen	t aignature rectuse	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOF	S IN 12	
TITLE	P	D Direction	☐ DELETE	1,1 11	LE.	$ \top$		Cha	inge	Addition	
NAME	O'NEIL, ROBERT S.			1.2 NA							
STREET ADDRESS	8713 SLEEPY HOLLOW LANE					ADORESS					
	POTOMAC MD			1.4 CF						ı	
CITY-ST-ZIP	T T		☐ DELETE	2.1 TIT				Cha	nge	☐ Addition	
NAME	THOMBSON DALIL C			2.2 NA			•				
	THOMPSON, PAUL C. 819 MORVEN COURT					ADDRESS					
STREET ADDRESS	*			2.4 C		1					
CITY-ST-ZIP	NAPERVILLE IL EVP	<del></del>	DELETE	3.1 TI		2		Cha	inge	☐ Addition	
NAME -	EBY, CLIFFORD C			3.2 NA			<u></u> -			-	
STREET ADDRESS	10825 ALLOWAY DR					ADDRESS					
CITY-ST-ZIP	POTOMAC MD 20854			3.4. C							
TITLE	VP	<del></del>	☐ DELETE	4.1 77		<del></del>		Cha	ınge	☐ Addition	
NAME	STONE, GARY L.	•		4. 2 N	AME						
STREET ADDRESS	1460 OLD HOUSE RD			4.3 ST	REET	ADDRESS					
CITY-ST-ZIP	PASADENA CA			4.4 CT	ry-\$1	r-zi <del>p</del>					
TITLE	VP .		☐ DELETE	5.1 TT			•	Cha	inge	☐ Addition	
NAME	PATNAUDE, ALFRED A.			5.2 N	ME						
STREET ADDRESS	11275 CENTER HARBOR RD			5.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	RESTON VA			5.4 CI	TY-\$1	r-zip					
TITLE	SVP	· · · · · ·	☐ DELETE	6.1 TT	ILE			Cha	пде	Addition	
NAME	COLEMAN, MICHAEL D.			6.2 N	ME						
STREET ADDRESS	8103 GLENHURST DR			6.3 ST	REET	ADDRESS					
		-				ı					

CITY-ST-ZIP FAIRFAX STATION VA

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: " \*

CITY-ST-ZIP