FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAR 30 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 838025

1. Corporation Name: Gage-Babcock & Associates, Inc.

500001444945
-03/31/95--01051--016
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 3975 Fair Ridge Drive, North
Suite 310
Fairfax, VA 22033-2924

Mailing Address: Same

3. Date Incorporated or Qualified: 3/14/77
3a. Date of Last Report: 3/21/94

2. Principal Place of Business — 21: same as above
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country: USA

2a. Mailing Address — 26: same as above
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 44-0567890 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent:
C.T. Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD Jaeger, Thomas 301 Maple Ave., W, #400A Vienna, VA 22180	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☒ Change ☐ Addition PD Jaeger, Thomas 3975 Fair Ridge Dr., N., Ste. 310 Fairfax, VA 22033-2924
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	D Bradley, Frederick C. 6855 Jimmy Carter Blvd., #2270 Norcross, GA 30071-1236	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	D Sbarra, Vince E. 666 Lexington Ave., #200 Mt. Kisco, NY 10549-3632	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	DS Antonetti, Mario A. 666 Lexington Ave., #200 Mt. Kisco, NY 10549-3632	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	DT Longhitano, Alfred 666 Lexington Ave., #200 Mt. Kisco, NY 10549-3632	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

RC.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Thomas W. Jaeger — Thomas W. Jaeger, President — 3/08/95 — 703/934-6440
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Date — Daytime Phone #