

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 05 1997 8:00am  
Secretary of State

DOCUMENT # 838025 (5)

1. Corporation Name  
GAGE-BABCOCK & ASSOCIATES, INC.

Principal Place of Business

3975 FAIR RIDGE DR NORTH  
SUITE 310  
FAIRFAX VA 22033-2924

Mailing Address

3975 FAIR RIDGE DR NORTH  
SUITE 310  
FAIRFAX VA 22033-2924

2. Principal Place of Business

21 3975 Fair Ridge Drive

Suite, Apt. #, etc.

22 Suite 310, North

City & State

23 Fairfax, VA

Zip

24 22033-2924

Country

2a. Mailing Address

26 3975 Fair Ridge Drive

Suite, Apt. #, etc.

27 Suite 310, North

City & State

28 Fairfax, VA

Zip

29 22033-2924

Country

3. Date Incorporated or Qualified

03/14/1977

3a. Date of Last Report

05/01/1996

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

CT 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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME JAEGER, THOMAS  
STREET ADDRESS 3975 FAIR RIDGE DR N STE 310  
CITY-ST-ZIP FAIRFAX VA 22033-2924

TITLE D ☐ DELETE

NAME BRADLEY, FREDERICK C.  
STREET ADDRESS 6855 JIMMY CARTER BLVD  
CITY-ST-ZIP NORCROSS GA

TITLE D ☒ DELETE

NAME AMAR, MICHAEL A  
STREET ADDRESS 1 CENTERPOINTE DR SUITE 240  
CITY-ST-ZIP LA PALMA CA

TITLE DS ☐ DELETE

NAME ANTONETTI, MARIO A.  
STREET ADDRESS 666 LEXINGTON AVE., #200  
CITY-ST-ZIP MT KISCO NY

TITLE DT ☐ DELETE

NAME LONGHITANO, ALFRED  
STREET ADDRESS 666 LEXINGTON AVE., #200  
CITY-ST-ZIP MT KISCO, NY 0

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Norcross, GA 30071-1236

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D  
Hahl, Charles E.  
3975 Fair Ridge Drive; Suite 310, North  
Fairfax, VA 22033-2924

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

DS  
Antonetti, Mario A.  
200 Business Park Drive, #106  
Armonk, NY 10504

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DT  
Longhitano, Alfred  
200 Business Park Drive, #106  
Armonk, NY 10504

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Thomas W. Jaeger* Thomas W. Jaeger 1/6/97 703/934-6440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P08360**

(0)

1. Corporation Name

**HOLMAN ENTERPRISES, INC.**

Principal Place of Business

**7411 MAPLE AVE.  
PENNSAUKEN NJ 08109**

Mailing Address

**7411 MAPLE AVE.  
PENNSAUKEN NJ 08109-2946**



3. Date Incorporated or Qualified

**12/10/1985**

3a. Date of Last Report

**03/19/1996**

4. FEI Number

**21-0610247**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**REIF, DANIEL S  
911 N.E. SECOND AVE.  
FT. LAUDERDALE FL 33304**

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

Signature typed in plain text name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>HOLMAN, J. S.</b>	
STREET ADDRESS	<b>7411 MAPLE AVENUE</b>	
CITY-ST-ZIP	<b>PENNSAUKEN NJ</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>REIF, D.S.</b>	
STREET ADDRESS	<b>7411 MAPLE AVENUE</b>	
CITY-ST-ZIP	<b>PENNSAUKEN NJ</b>	
TITLE	VCPD	<input type="checkbox"/> DELETE
NAME	<b>KOLB, J.W.</b>	
STREET ADDRESS	<b>7411 MAPLE AVENUE</b>	
CITY-ST-ZIP	<b>PENNSAUKEN NJ</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>HERRINGTON, H. H.</b>	
STREET ADDRESS	<b>7411 MAPLE AVENUE</b>	
CITY-ST-ZIP	<b>PENNSAUKEN NJ</b>	
TITLE	VAST	<input type="checkbox"/> DELETE
NAME	<b>COPPOLA, K.T.</b>	
STREET ADDRESS	<b>7411 MAPLE AVENUE</b>	
CITY-ST-ZIP	<b>PENNSAUKEN NJ</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>ANDREOLA, A. V.</b>	
STREET ADDRESS	<b>7411 MAPLE AVENUE</b>	
CITY-ST-ZIP	<b>PENNSAUKEN NJ</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**K. T. COPPOLA, VICE-PRES FINANCE**

**JAN 21, 1997 609-663-5200**

Date Daytime Phone

CR2E034 (9/96)