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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 838025 (5)

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

Principal Place of Business

Mailing Address

3975 FAIR RIDGE DRIVE
SUITE 310. NORTH
FAIRFAX VA 22033-2924
US

3975 FAIR RIDGE DRIVE
SUITE 310. NORTH
FAIRFAX VA 22033-2924
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1977

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME JAEGER, THOMAS
STREET ADDRESS 3975 FAIR RIDGE DRIVE SUITE 310
CITY-ST-ZIP FAIRFAX VA 22033-2924

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS Suite 310 North
1.4 CITY-ST-ZIP

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

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS GA 31071
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HAHN, CHARLES E.
STREET ADDRESS 3975 FAIR RIDGE DRIVE, STE 310, NORTH
CITY-ST-ZIP FAIRFAX VA

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS VA 22033-2924
3.4 CITY-ST-ZIP

TITLE DS ☐ DELETE
NAME ANTONETTI, MARIO A.
STREET ADDRESS 200 BUSINESS PARK DRIVE #106
CITY-ST-ZIP ARMONK NY

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS NY 10504
4.4 CITY-ST-ZIP

TITLE DT ☐ DELETE
NAME LONGHITANO, ALFRED
STREET ADDRESS 200 BUSINESS PARK DRIVE #106
CITY-ST-ZIP ARMONK NY

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS NY 10504
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE

4/13/98

CR2E034 (10/97)