**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 857814

**GLADIEUX CORPORATION** 

	FILED	
May 04	4, 1999	8:00 am
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Principal Place of Business Mailing Address													
6600 ROCKLEDO	GE DRIVE		ROCKLEDGE DRIVE										
DEPT 72-928.81	·				DO NOT MORE IN THIS SPACE								
BETHESDA MD	20817	BE11	HESDA MD 20817				-	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
US		บจ						09/21/1983					
2. Principal Pl	ace of Business	2a.	Mailing Address					4. FEI Number		L	Арр	lied For	
21		26						<u>34-1044801</u>				Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired		•		ditional	
22		27						5. Certicate of Ciatos Desired		F∈	e Rec	uired	
City & State	3		City & State					6. Election Campaign Financing		\$5	.00	∕lay Be	
23		28						Trust Fund Contribution		Ad	ded to	Fees	
Zip	Country		Zip	Cou	ntry			8. This corporation owes the curre	ent year Inta			_	
24	25	29		30				Personal Property Tax.		∐ Yes	: I	□No	
	9. Name and Address of Current	t Regist	ered Agent					10. Name and Address of New R	legistered /	tgent			
					81	Name							
PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET					82	Street /	Street Address (P.O. Box Number is Not Acceptable)						
					-	Ga out ,	COLFIGURES (1.10. DON Hallings to From Resolution)						
TALL	AHASSEE FL 32301				83								
					[					TasT	Zip C		
					84	City		•	FL	85	Zip C	l l	
44 Pursuant	to the provisions of Sections 607.0502	2 and 60	7.1508. Florida Statu	tes, the al	oove	-named	corpora	tion submits this statement for the	purpose of	changir	ng its r	egistered	
office or re	egistered agent, or both, in the State (	of Florida	a. Such change was	authonzed	DV 1	tne corbo	oration's	board of directors. I hereby accep	t the appoir	itment	as reg	istered	
i agent. I ai	m familiar with, and accept the obligat	ions of,	Section 607.0505, FI	orida Statt	nes.	•							
SIGNATURE	Signature, typed or printed name of registered agen	t and title if	conicable (NOT	F: Renistered	Anen	t signature n	equired wh	nen reinstating)	DATE				
12.	OFFICERS AN		<u> </u>	13.	2 1gO.7	. 0.3		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRE	CTO	RS IN 12	
TITLE	T	0 01112	DELETE	1.1 TII	1E		T			☐ Cha		Addition	
NAME	LORI A. CRAMP			1.2 NA									
1	6600 ROCKLEDGE DRIVE DEPT	72,029	R 81			ADDRESS							
STREET ADDRESS	BETHESDA MD	12 32	<b>0.0</b> 1	1.4 CF									
CITY-ST-ZIP	V .		☐ DELETE	2.1 TIT		1- <i>LIF</i>	V/I	)		K) Cha	ange	Addition	
TITLE	JOHN J. MCMARTHY			2.2 NA				nn J. McCarthy			•	_	
NAME	6600 ROCKLEDGE DRIVE DEPT	70.00	0.01				"						
STREET ADDRESS		12-920	0.01			ADDRESS							
CITY-ST-ZIP	BETHESDA MD		□ DELETE	2. 4 C		T-ZIP	P			X Cha	anna	Addition	
TITLE	PO		□ nere⊥e	3.1 TTT			-	Carten, William W.		<del></del>	· σ -		
NAME	MCCARTEN, WILLIAM		0.04	3.2 NA			MCC	Jarten, WIIIIam W.					
STREET ADDRESS	6600 ROCKLEDGE DRIVE DEPT	72-92	ğ.ō1			ADDRESS							
CITY-ST-ZIP	BETHESDA MD			3.4. CI		T-ZIP		·		Cha	anac	Addition	
TITLE	SVD		☐ DELETE	4,† TII							anye		
NAME	JOE P. MARTIN			4.2 N	AME								
STREET ADDRESS	6600 ROCKLEDGE DRIVE DEPT	72-92	8.81	4.3 ST	REET	ADDRESS							
CITY-ST-ZIP	BETHESDA MD					T-ZIP	<u> </u>			<del>N-</del> -			
TITLE	D		X DEFELE	5.1 TI		1	D	amaa C Oluara		Chi	ange	Addition	
NAME	SHAW, WILLIAM			5.2 NA				omas G. O'Hare	Dan+	72 0	20	Q 1	
STREET ADDRESS	6600 ROCKLEDGE DRIVE, DEP	T 72-92	28.81	5.3 ST	REET	ADDRESS	1	00 Rockledge Dr.,	pept.	12-9	20.	or	
CITY-ST-ZIP	Bethesda MD			5.4 CF	TY-S	T-ZIP		thesda, MD 20817					
TITLE	V		☐ DELETE	6.1 TI	ILE		AS			☐ Ch	ange	X Addition	
NAME	BETHERS, BRIAN			6.2 NA	ME			ura A. Babin					
STREET ADDRESS	6600 ROCKLEDGE DRIVE DEPT	72-92	8.81	6.3 ST	REET	ADDRESS	660	00 Rockledge Dr.,	Dept.	72-9	28.	81	

Bethesda, MD 20817

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: