

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F57077** (2)

1. Corporation Name

**J. E. ROBERT COMPANY OF FLORIDA**

Principal Place of Business

**11 CANAL CENTER PLAZA, STE. 200  
ALEXANDRIA VA 22314**

Mailing Address

**11 CANAL CENTER PLAZA, STE. 200  
ALEXANDRIA VA 22314**



3. Date Incorporated or Qualified  
**12/03/1981**

3a. Date of Last Report  
**06/20/1995**

2. Principal Place of Business

21 **1650 Tysons Boulevard**

2a. Mailing Address

26 **1650 Tysons Boulevard**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 1600**

27 **Suite 1600**

City & State

City & State

23 **McLean, VA**

28 **McLean, VA**

Zip

Country

Zip

Country

24 **22102**

25 **USA**

29 **22102**

30 **USA**

9. Name and Address of Current Registered Agent

**SHERR, BRIAN ESQUIRE  
C/O GREENBERG, TRAURIG  
515 LAS OLAS BLVD., STE. 1500  
FT. LAUDERDALE FL 33301**

4. FEI Number

**54-1187081**

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

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 filer (applicant)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **CDT**  
STREET ADDRESS **ROBERT, JOSEPH E JR.**  
CITY-ST-ZIP **11 CANAL CENTER PL. #200  
ALEXANDRIA VA 22314**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **CROCKER, DONALD W**  
CITY-ST-ZIP **11 CANAL CENTER PL. #200  
ALEXANDRIA VA 22314**

TITLE ☒ DELETE  
NAME **CVS**  
STREET ADDRESS **HOZIK, RICHARD**  
CITY-ST-ZIP **11 CANAL CENTER PL. #200  
ALEXANDRIA VA 22314**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **KERN, JONATHAN S**  
CITY-ST-ZIP **11 CANAL CENTER PL. #200  
ALEXANDRIA VA 22314**

TITLE ☐ DELETE  
NAME **C**  
STREET ADDRESS **CUNNINGHAM, BRUCE T**  
CITY-ST-ZIP **11 CANAL CENTER PL. #200  
ALEXANDRIA VA 22314**

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 **1650 Tysons Boulevard, Suite 1600**  
1.4 CITY-ST-ZIP **McLean, VA 22102**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **P/D**  
2.3 STREET ADDRESS **350 South Grand Avenue, 46th Floor**  
2.4 CITY-ST-ZIP **Los Angeles, CA 90071**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **1650 Tysons Boulevard, Suite 1600**  
4.4 CITY-ST-ZIP **McLean, VA 22102**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS **1650 Tysons Boulevard, Suite 1600**  
5.4 CITY-ST-ZIP **McLean, VA 22102**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

**Bruce T. Cunningham, Jr., Corporate Controller**

**2/12/96**  
Date

**703/714-8000**  
Daytime Phone #

CR2E034 (12/95)