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

FILED
May 28 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 # **F92000000496 (1)**

1. Corporation Name
LABAT-ANDERSON INCORPORATED

Principal Place of Business	Mailing Address
8000 WESTPARK DR., STE 400 MCLEAN VA 22102	8000 WESTPARK DR., STE 400 MCLEAN VA 22102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/23/1992

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 54-1118540 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCCE	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	LABAT, VICTOR J		1.2 NAME	Malinowski, Walter S	
STREET ADDRESS	8000 WESTPARK DR., STE 400		1.3 STREET ADDRESS	8000 Westpark Dr, Ste 400	
CITY-ST-ZIP	MCLEAN VA 22102		1.4 CITY-ST-ZIP	McLean, VA 22102	
TITLE	DP	☐ DELETE	2.1 TITLE	DC	☒ Change ☐ Addition
NAME	MALINOWSKI, WALTER S		2.2 NAME	Labat, Victor J	
STREET ADDRESS	8000 WESTPARK DR., STE 400		2.3 STREET ADDRESS	8000 Westpark Dr, Ste 400	
CITY-ST-ZIP	MCLEAN VA 22102		2.4 CITY-ST-ZIP	McLean, VA 22102	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHANDLER, GLADSTONE		3.2 NAME		
STREET ADDRESS	8000 WESTPARK DR., STE 400		3.3 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA 22102		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	UNDERHILL, VALERIE		4.2 NAME		
STREET ADDRESS	8000 WESTPARK DR., STE 400		4.3 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA 22102		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THEUNISSEN, LYDIA S		5.2 NAME		
STREET ADDRESS	8000 WESTPARK DR., STE 400		5.3 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA 22102		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LABAT, LORI M		6.2 NAME		
STREET ADDRESS	8000 WESTPARK DR., STE 400		6.3 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA 22102		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: _____ (Lydia M. Theunissen) 5/26/98