

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F92000000496	
1. Entity Name LABAT-ANDERSON INCORPORATED	
Principal Place of Business 8000 WESTPARK DR., STE 400 MCLEAN, VA 22102	Mailing Address 8000 WESTPARK DR., STE 400 MCLEAN, VA 22102



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1118540	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALINOWSKI, WALTER 8000 WESTPARK DR., STE 400 MCLEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T UNDERHILL, VALERIE 8000 WESTPARK DR., STE 400 MCLEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUONI, ALFRED 8000 WESTPARK DR., STE 400 MCLEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABAT, VICTOR 8000 WESTPARK DR., STE 400 MCLEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALINOWSKI, WALTER 8000 WESTPARK DR., STE 400 MCLEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000596591
01/24/07-80003-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Valerie Underhill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07
Date

703 506-9600
Daytime Phone #