

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000496

FILED
Sep 22, 2009
Secretary of State

Entity Name: LABAT-ANDERSON INCORPORATED

Current Principal Place of Business:

8000 WESTPARK DR., STE 400
MCLEAN, VA 22102

New Principal Place of Business:

Current Mailing Address:

8000 WESTPARK DR., STE 400
MCLEAN, VA 22102

New Mailing Address:

ATTN: TAX DEPARTMENT
125 LINCOLN AVENUE
GROVE CITY, PA 16217

FEI Number: 54-1118540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MALINOWSKI, WALTER
Address: 8000 WESTPARK DR., STE 400
City-St-Zip: MCLEAN, VA 22102

Title: T () Delete
Name: UNDERHILL, VALERIE
Address: 8000 WESTPARK DR., STE 400
City-St-Zip: MCLEAN, VA 22102

Title: S () Delete
Name: BUONI, ALFRED
Address: 8000 WESTPARK DR., STE 400
City-St-Zip: MCLEAN, VA 22102

Title: D (X) Delete
Name: MALINOWSKI, WALTER
Address: 8000 WESTPARK DR, STE 400
City-St-Zip: MC LEAN, VA 22102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MIXON, WILLIAN C CEO
Address: 7799 LEESBURG PIKE, STE. 1100 N.
City-St-Zip: FALLS CHURCH, VA 22043

Title: CFO (X) Change () Addition
Name: OBERHOLZER, ANDRE CFO
Address: 7799 LEESBURG PIKE, STE. 1100 N.
City-St-Zip: FALLS CHURCH, VA 22043

Title: SECR (X) Change () Addition
Name: FONTAINE, DAVID R SECR.
Address: 7799 LEESBURG PIKE, STE. 1100 N.
City-St-Zip: FALLS CHURCH, VA 22043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: N. D. CORSI

MGR.

09/22/2009

Electronic Signature of Signing Officer or Director

_____ Date