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 # **F93000005094 (8)**

1. Corporation Name

JER TE-TWO SERVICES, INC.

Principal Place of Business	Mailing Address
11 CANAL CENTER PLAZA. SUITE 200 ALEXANDER VA 22314	11 CANAL CENTER PLAZA. SUITE 200 ALEXANDER VA 22314

3. Date Incorporated or Qualified: **11/10/1993**
3a. Date of Last Report: **02/10/1995**

2. Principal Place of Business
21 **1650 Tysons Boulevard**
Suite, Apt. #, etc.
22 **Suite 1600**
City & State
23 **McLean, VA**
Zip 24 **22102** Country 25 **USA**

2a. Mailing Address
26 **1650 Tysons Boulevard**
Suite, Apt. #, etc.
27 **Suite 1600**
City & State
28 **McLean, VA**
Zip 29 **22102** Country 30 **USA**

4. FEI Number: **54-1667847** ☐ 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

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: **CT Corporation System**
82 Street Address (P.O. Box Number is Not Acceptable): **1200 South Pine Island Road**
83
84 City: **Plantation** **FL** 85 Zip Code: **33324**

11. Pursuant to the provisions of Sections 607.0501 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: Charlie Shampang By: Charlie Shampang Asst. Secy. DATE: 2-23-96
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	DPC	☐ DELETE	1.1 TITLE	D/P/C/CEO/S	☒ Change ☐ Addition
NAME	ROBERT JR, JOSEPH E		1.2 NAME		
STREET ADDRESS	11 CANAL CENTER PLAZA, STE 200		1.3 STREET ADDRESS	1650 Tysons Boulevard, Suite 1600	
CITY-ST-ZIP	ALEXANDRIA VA		1.4 CITY-ST-ZIP	McLean, VA 22102	
TITLE	V	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	IVY, DAVID L		2.2 NAME		
STREET ADDRESS	11 CANAL CENTER PLAZA, STE 200		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA		2.4 CITY-ST-ZIP		
TITLE	VAS	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	WARD, DANIEL T		3.2 NAME		
STREET ADDRESS	11 CANAL CENTER PLAZA, STE 200		3.3 STREET ADDRESS	1650 Tysons Boulevard, Suite 1600	
CITY-ST-ZIP	ALEXANDRIA VA		3.4 CITY-ST-ZIP	McLean, VA 22102	
TITLE	VAS	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	LOZIER JR, JAMES L		4.2 NAME		
STREET ADDRESS	1160 DAIRY ASHFORD, STE 200		4.3 STREET ADDRESS	1650 Tysons Boulevard, Suite 1600	
CITY-ST-ZIP	HOUSTON TX		4.4 CITY-ST-ZIP	McLean, VA 22102	
TITLE	VAST	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOZIK, RICHARD C		5.2 NAME		
STREET ADDRESS	11 CANAL CENTER PLAZA, STE 200		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA		5.4 CITY-ST-ZIP		
TITLE	VAS	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	HARKINS, RICHARD A		6.2 NAME		
STREET ADDRESS	11 CANAL CENTER PLAZA, STE 200		6.3 STREET ADDRESS	1650 Tysons Boulevard, Suite 1600	
CITY-ST-ZIP	ALEXANDRIA VA		6.4 CITY-ST-ZIP	McLean, VA 22102	

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: Richard A Harkins **2/8/96** **703/714-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard A. Harkins, Vice President

CR2E034 (12/95)