

• 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 # **F94000003795 (1)**

1. Corporation Name

JER WHC-SIX SERVICES, INC.

Principal Place of Business

**1650 TYSONS BLVD
SUITE 1600
MCLEAN VA 22102**

Mailing Address

**1650 TYSONS BLVD
SUITE 1600
MCLEAN VA 22102**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

07/20/1994

3a. Date of Last Report

11/13/1995

4. FEI Number

54-1723202

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 607.0405, Florida Statutes.

SIGNATURE

(Signature of President, Secretary, Treasurer, or other officer or director)

(Print Name of President, Secretary, Treasurer, or other officer or director)

(Date)

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP
2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP
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5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP
6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PCD
ROBERT JR, JOSEPH E
11 CANAL CENTER PLAZA, STE 200
ALEXANDRIA VA

☐ DELETE

VS
IVY, DAVID L
600 E. LOS COLINAS BLVD., STE 1900
IRVING TX

☒ DELETE

TAS
HOZIK, RICHARD C
11 CANAL CENTER PLAZA, STE 200
ALEXANDRIA VA

☒ DELETE

VAS
LOZIER JR, JAMES L
11 CANAL CENTER PLAZA, STE 200
ALEXANDRIA VA

☐ DELETE

VAS
HARKINS, RICHARD A
11 CANAL CENTER PLAZA, STE 200
ALEXANDRIA VA

☐ DELETE

VAS
WOOTEN, TIMM
11 CANAL CENTER PLAZA, STE 200
ALEXANDRIA VA

☐ DELETE

P/C/D/CEO/S

☒ Change ☐ Addition

**1650 Tysons Boulevard, Suite 1600
McLean, VA 22102**

☐ Change ☐ Addition

**100001726831
-02/28/96--01071--000**

*****200.00**

☐ Change ☐ Addition

**1650 Tysons Boulevard, Suite 1600
McLean, VA 22102**

☒ Change ☐ Addition

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McLean, VA 22102**

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McLean, VA 22102**

☒ Change ☐ Addition

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 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
Richard A. Harkins, Vice President

2/8/96

Date

703/714-8000

Daytime Phone