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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000005252 (1)**

1. Corporation Name

JER WHTR SERVICES, INC.



Principal Place of Business

**1650 TYSONS BOULEVARD
STE. 1600
MCLEAN VA 22102**

Mailing Address

**1650 TYSONS BOULEVARD
STE. 1600
MCLEAN VA 22102**

3. Date Incorporated or Qualified

10/10/1994

3a. Date of Last Report

10/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(Signature, typed or printed name of registered agent and title is acceptable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **CDSP
ROBERT, JOSEPH E JR**
STREET ADDRESS **1650 TYSONS BOULEVARD**
CITY-STATE-ZIP **MCLEAN VA 22102**

TITLE ☐ DELETE

NAME **CEO
ROBERT, JOSEPH E JR**
STREET ADDRESS **1650 TYSONS BOULEVARD**
CITY-STATE-ZIP **MCLEAN VA 22102**

TITLE ☐ DELETE

NAME **VAS
LOZIER, JAMES L JR**
STREET ADDRESS **1650 TYSONS BOULEVARD**
CITY-STATE-ZIP **MCLEAN VA 22102**

TITLE ☐ DELETE

NAME **VAS
HARKINS, RICHARD A**
STREET ADDRESS **1650 TYSONS BOULEVARD**
CITY-STATE-ZIP **MCLEAN VA 22102**

TITLE ☐ DELETE

NAME **AS
COOVER, PATRICIA L**
STREET ADDRESS **1650 TYSONS BOULEVARD**
CITY-STATE-ZIP **MCLEAN VA 22102**

TITLE ☐ DELETE

NAME **VAS
WOOTEN, TIMM A**
STREET ADDRESS **1650 TYSONS BOULEVARD**
CITY-STATE-ZIP **MCLEAN VA 22102**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

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☒ 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 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 in an attachment with an address.

SIGNATURE:

Richard A. Harkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard A. Harkins, Vice President

2/7/96
Date

703/714-8000
Daytime Phone #

CR2E034 (12/95)