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 # **F94000006265 (2)**

1. Corporation Name

JER WHLN SERVICES, INC.

Principal Place of Business	Mailing Address
1650 TYSONS BLVD SUITE 1600 MCLEAN VA 22102	1650 TYSONS BLVD SUITE 1600 MCLEAN VA 22102

3. Date Incorporated or Qualified: 12/06/1994	3a. Date of Last Report: 11/13/1995
4. FEI Number: 54-1738279	☐ 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	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, type 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	PCEO ☐ DELETE	1.1 TITLE	P/CEO/C/D/S ☒ Change ☐ Addition
NAME	ROBERT, JOSEPH E JR	1.2 NAME	
STREET ADDRESS	11 CANAL CENTER PLAZA	1.3 STREET ADDRESS	1650 Tysons Boulevard, Suite 1600
CITY-ST-ZIP	ALEXANDRIA VA 22314	1.4 CITY-ST-ZIP	McLean, VA 22102
TITLE	EVAS ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	IVY, DAVID L	2.2 NAME	
STREET ADDRESS	600 E. LAS COLINAS BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75039	2.4 CITY-ST-ZIP	
TITLE	VTAS ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOZIK, RICHARD	3.2 NAME	
STREET ADDRESS	11 CANAL CENTER PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22314	3.4 CITY-ST-ZIP	
TITLE	VAS ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	LOZIER, JAMES L JR	4.2 NAME	
STREET ADDRESS	11 CANAL CENTER PLAZA	4.3 STREET ADDRESS	1650 Tysons Boulevard, Suite 1600
CITY-ST-ZIP	ALEXANDRIA VA 22314	4.4 CITY-ST-ZIP	McLean, VA 22102
TITLE	VAS ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	WARD, DANIEL T	5.2 NAME	
STREET ADDRESS	11 CANAL CENTER PLAZA	5.3 STREET ADDRESS	1650 Tysons Boulevard, Suite 1600
CITY-ST-ZIP	ALEXANDRIA VA 22314	5.4 CITY-ST-ZIP	McLean, VA 22102
TITLE	VAS ☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	NEBLETT, JAMES T	6.2 NAME	Neblett, John T.
STREET ADDRESS	600 E. LAS COLINAS BLVD.	6.3 STREET ADDRESS	600 E. Las Colinas Blvd., Suite 1900
CITY-ST-ZIP	IRVING TX 75039	6.4 CITY-ST-ZIP	

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: Daniel T Ward 2/8/96 703/714-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Daniel T. Ward, Vice President

CR2E034 (12/95)