

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 # F94000006322 (1)

1. Corporation Name

BETAC CORPORATION

Principal Place of Business

2001 N. BEAUREGARD ST
SUITE 1100
ALEXANDRIA VA 22311

Mailing Address

2001 N. BEAUREGARD ST
SUITE 1100
ALEXANDRIA VA 22311



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

3. Date Incorporated or Qualified
12/12/1994

3a. Date of Last Report
04/19/1995

4. FEI Number

54-1057313

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME LOCKWOOD, EARL F
STREET ADDRESS 2001 N. BEAUREGARD ST, SUITE 1100
CITY-ST-ZIP ALEXANDRIA VA 22311 ☐ DELETE

TITLE D
NAME PRESSMAN, KENNETH I
STREET ADDRESS 2001 N BEAUREGARD ST., SUITE 1100
CITY-ST-ZIP ALEXANDRIA VA ☐ DELETE

TITLE ST
NAME CHALK, BRADFORD M
STREET ADDRESS 2001 N. BEAUREGARD ST, SUITE 1100
CITY-ST-ZIP ALEXANDRIA VA 22311 ☐ DELETE

TITLE D
NAME DAVIS, RUTH M
STREET ADDRESS 2001 N BEAUREGARD ST., SUITE 1100
CITY-ST-ZIP ALEXANDRIA VA ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Assistant Treasurer

Richard L. Regehr

2001 N. Beauregard St, Suite 1100

Alexandria, VA 22311

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Assistant Secretary

Nathan N. McCarry

2001 N. Beauregard St, Suite 1100

Alexandria, VA 22311

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 L. Regehr

Richard L. Regehr

4/4/96

(703) 824-3144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)