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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 22311-1732



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/12/1994

3a. Date of Last Report

04/17/1996

4. FEI Number

54-1057313

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

CT 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

Signature: Type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	LOCKWOOD, EARL F	
STREET ADDRESS	2001 N. BEAUREGARD ST, SUITE 1100	
CITY - ST - ZIP	ALEXANDRIA VA 22311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRESSMAN, KENNETH I	
STREET ADDRESS	2001 N BEAUREGARD ST., SUITE 1100	
CITY - ST - ZIP	ALEXANDRIA VA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CHALK, BRADFORD M	
STREET ADDRESS	2001 N. BEAUREGARD ST, SUITE 1100	
CITY - ST - ZIP	ALEXANDRIA VA 22311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, RUTH M	
STREET ADDRESS	2001 N BEAUREGARD ST., SUITE 1100	
CITY - ST - ZIP	ALEXANDRIA VA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RICHARD L REGEHR	
STREET ADDRESS	2001 N BEAUREGARD ST., SUITE 1100	
CITY - ST - ZIP	ALEXANDRIA VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V/E
6.3 STREET ADDRESS	McCarry, Nathan N.
6.4 CITY - ST - ZIP	2001 N. Beauregard St, Suite 1100 Alexandria, VA 22311

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Date

(703) 824-3144

Daytime Phone #

0506360

0000001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)