

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 # **F94000006559 (8)**

1. Corporation Name

**JER WHCS SERVICES, INC.**



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified

**12/22/1994**

3a. Date of Last Report

**11/13/1995**

4. FEI Number

**54-1739021**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Country

29. Country

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 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name **400001726464**

82. Street Address (P.O. Box) **02/28/96 01050-004  
\*\*\*200.00**

83. City

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 officer or director

Printed Registered Agent's signature (required when registering)

DATE

12. OFFICERS AND DIRECTORS

| 1. TITLE | 2. NAME                | 3. STREET ADDRESS                   | 4. CITY-STATE-ZIP    | 5. DELETE                           |
|----------|------------------------|-------------------------------------|----------------------|-------------------------------------|
| CDP      | ROBERT, JOSEPH E JR.   | 1650 TYSONS BLVD STE.1600           | MCLEAN VA 22102      | <input type="checkbox"/>            |
| VPS      | LOZIER, JAMES L        | 1650 TYSONS BLVD STE. 1600          | IRVING TX 75039      | <input type="checkbox"/>            |
| VPT      | VINCENT, PHILLIP       | 600 E.LAS COLINAS BLVD              | IRVING TX 75039      | <input type="checkbox"/>            |
| VPT      | FRAPART, RICHARD L JR. | 600 E.LAS COLLINS BLVD STE 1600     | IRVING TX 75039      | <input type="checkbox"/>            |
| D        | FRAPART, RICHARD R     | 600 E. LAS COLINAS BLVD., STE. 1900 | IRVING TX 75039      | <input checked="" type="checkbox"/> |
| VPST     | CUNNINGHAM, BRUCE T    | 1650 TYSONS BLVD STE 1900           | LOS ANGELES CA 90025 | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE                                              | 2. NAME | 3. STREET ADDRESS | 4. CITY-STATE-ZIP | 5. DELETE                                                                    |
|-------------------------------------------------------|---------|-------------------|-------------------|------------------------------------------------------------------------------|
| C/D/P/S/CEO                                           |         |                   |                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| V/AS                                                  |         |                   |                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| V                                                     |         |                   |                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| Suite 1900<br>Irving                                  |         |                   |                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| V/T/CFO/AS                                            |         |                   |                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| Richard R. Frapart, Jr.<br>Suite 1900                 |         |                   |                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| V/AS                                                  |         |                   |                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| Richard A. Harkins                                    |         |                   |                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1650 Tysons Boulevard, Suite 1600<br>McLean, VA 22102 |         |                   |                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| V/AS                                                  |         |                   |                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| Suite 1600<br>McLean, VA 22102                        |         |                   |                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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

703/714-8000

2-27-96 SC