Mar 02, 1999 8:00 am

**Secretary of State** 

03-02-1999 90058 006 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # P15800**

| 1. Corporation                                  | A LAWSON ASSOCIATES E   |                                       |               |   |   |                                   |                      |                     |  |
|---|---|---------------------------------------|---------------|---|---|-----------------------------------|----------------------|---------------------|--|
| Principal Place of Business Mailing Address     |   |                                       |               |   | T (BBI(\$\$81 th) (188) bish) init next on  | MIT MERIE BIRET                   | . 81811 919          |                     |  |
| 511 CONGRESS ST<br>PORTLAND ME 04101<br>US      |   | PO BOX 7050<br>PORTLAND ME 04112-7050 |               | DO NOT WRITE IN THIS SPACE                            |   |                                   |                      |                     |  |
|   |   |                                       |               |   | Date Incorporated or Qualifed   |                                   |                      |                     |  |
|   |   |                                       |               |   | 09/02/1987  |                                   |                      |                     |  |
|   | lace of Business  | 2a. Mailing Address                   |               |   | 4. FEI Number   | L                                 |                      | lied For            |  |
| 7655  | Redwood Blvd.   | 26 7655 Redwood                       | l Blvd        |   | 06-1190430  |                                   | Not /                | Applicable          |  |
| Suite, Apt.                                     | #, etc.   | Suite, Apt. #, etc.                   |               |   | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required |                      |                     |  |
| City & State City & State                       |   |                                       |               |   | 6. Election Campaign Financing  | \$5.00 May                        |                      | lay Be              |  |
| Novato, CA 28 Novato, CA                        |   |                                       |               |   | Trust Fund Contribution   | Ac                                | dded to              | Fees                |  |
| Zip Country Zip C                               |   |                                       | Country       | , and this corporation of the date of year management |   |                                   |                      |                     |  |
| 94945   | 25  | 29 94945 30                           |               |   | Personal Property Tax.  | ☐ Ye:                             |                      | ]No                 |  |
| 9. Name and Address of Current Registered Agent |   |                                       |               | 10. Name and Address of New Registered Agent          |   |                                   |                      |                     |  |
|   |   |                                       | 81            | Name  |   |                                   |                      |                     |  |
| CT CORPORATION SYSTEM                           |   |                                       | 82            | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                                   |                      |                     |  |
| 1200 S. PINE ISLAND ROAD                        |   |                                       |               |   | ,   |                                   |                      |                     |  |
| PLANTATION FL 33324                             |   |                                       | 83            |   |   |                                   |                      |                     |  |
|   |   |                                       | 84            | City  |   | FL. 85                            | Zip Co               | ode                 |  |
| office or r                                     | to the provisions of Sections 607.050;<br>egistered agent, or both, in the State or<br>rn familiar with, and accept the obligat | of Florida. Such change was auth      | orized by     | the corpora   | rporation submits this statement for the purposition's board of directors. I hereby accept the ap | e of changi<br>opointment         | ng its re<br>as regi | egistered<br>stered |  |
| SIGNATURE                                       | Signature, typed or printed name of registered agen   | t and title if applicable. (NOTE, Re  | gistered Agen | t signature requ                                      | uired when reinstating) DATE  |                                   |                      |                     |  |
| 12.   |   |                                       |               | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     |   |                                   |                      |                     |  |
| TITLE   | Р   | DELETE                                | 1.1 TITLE P1  |   | President and Director  | ☐ Ch                              | ☐ Change ☐ Ac        |                     |  |
| NAME.   | HEMLER, ROBERT J  |                                       | 1.2 NAME      |   | Riese, Arthur C.  |                                   |                      |                     |  |
| ·   |   |                                       | 1.3 STREET    | ADDRESS   | 707-17th Street   |                                   |                      |                     |  |
| CITY-ST-ZIP                                     | N BRUNSWICK NJ  |                                       | 1.4 CITY-S1   | r-zip   | Denver, CO 80202  |                                   |                      |                     |  |
| J J. Z.   | 11 211011011011110  | N-/                                   |               |   | 21 · 1 D  |                                   | 2000                 | [ ] Addition        |  |

112 Addition Addition DELETE TITLE Chairman and Treasurer Thornton, Gregory A. VANHEMERT, MARGARET A 2.2 NAME NAME 7655 Redwood Blvd. 511 CONGRESS ST. PO BOX 7050 2.3 STREET ADDRESS STREET ADDRESS Novato, CA 94945 PORTLAND ME 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Secretary and Director ☐ Change ☐ Addition 3.1 TITLE TITLE England, Patricia A. NAME VAN GOOL, JACQUES 3.2 NAME 7655 Redwood Blvd. 3.3 STREET ADDRESS 2120 WASHINGTON BLVD. SUITE 300 STREET ADDRESS Novato, CA 94945 3.4. CITY-ST-ZIP **ARLINGTON VA 22204** CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME MASSEY, ANN E 4.3 STREET ADDRESS STREET ADDRESS 1400 CENTER PT BLVD, STE 158 KNOXVILLE TN CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change 5.1 TITLE TITLE 5.2 NAME NAME BARBERA, JOHN W 5 3 STREET ADDRESS STREET ADDRESS 2120 WASHINGTON BLVD., SUITE 300 5.4 CITY-ST-ZIP CITY-ST-ZIP ARLINGTON VA 22204 6.1 TITLE Addition □ DELETE ☐ Change TITLE ASAT 6.2 NAME NAME GAVITT, STANTON W. J 6.3 STREET ADDRESS STREET ADDRESS 511 CONGRESS ST 6.4 CITY-ST-ZIP CITY-ST-ZIP PORTLAND ME 06851

14. I 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 of on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 (415) 899-8817