

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.  
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**DOCUMENT # P16127 (3)**

95 AUG -4 AM 10: 37

1. Corporation Name  
**THE REINFORCED EARTH COMPANY**

Principal Place of Business Mailing Address  
**8614 WESTWOOD CENTER DR. SUITE 1100 VIENNA VA 22182 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	3a. Date of Last Report
21	26	09/28/1987	05/01/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	52-0915467	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
Country	Country	7. This corporation has liability for intangible tax under s. 100.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANDSCHNEIDER, HERWIG	1.2 NAME	THOMAS LESGOURGUES
STREET ADDRESS	8614 WESTWOOD CENTER DR.	1.3 STREET ADDRESS	8614 WESTWOOD CENTER DRIVE
CITY - ST - ZIP	VIENNA VA	1.4 CITY - ST - ZIP	VIENNA, VA 22182
TITLE	ST	2.1 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, ELENA	2.2 NAME	ANDREW T. BROWER
STREET ADDRESS	8614 WESTWOOD CENTER DR.	2.3 STREET ADDRESS	8614 WESTWOOD CENTER DRIVE
CITY - ST - ZIP	VIENNA VA	2.4 CITY - ST - ZIP	VIENNA, VA 22182
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCREAUX, JEAN-MARIE	3.2 NAME	
STREET ADDRESS	8614 WESTWOOD CENTER DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	VIENNA VA	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMKIN, R. G	4.2 NAME	
STREET ADDRESS	8614 WESTWOOD CENTER DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	VIENNA VA	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOIS, PHILIPPE	5.2 NAME	
STREET ADDRESS	8614 WESTWOOD CENTER DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	VIENNA VA	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKITTRICK, DAVID P	6.2 NAME	
STREET ADDRESS	8614 WESTWOOD CENTER DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	VIENNA VA	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 110.07(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 my address.

SIGNATURE: Andrew T. Brower **ANDREW T. BROWER, I.E.C./TAGM, 7/6/95**  
(Type Name)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)