

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90029 029 \*\*\*550.00

0117284

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P16127**  
 Corporation Name  
**THE REINFORCED EARTH COMPANY**



Principal Place of Business: 614 WESTWOOD CENTER DR. SUITE 1100 VIENNA VA 22182-2233  
 Mailing Address: 8614 WESTWOOD CENTER DR STE 1100 VIENNA VA 22182

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
614 WESTWOOD CENTER DR. SUITE 1100 VIENNA VA 22182-2233		8614 WESTWOOD CENTER DR STE 1100 VIENNA VA 22182		09/28/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				52-0915467	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

I, 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 reinstating) DATE \_\_\_\_\_

OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	DELETE		1.1 TITLE	Change	Addition
LE CEO LESGOURGUES, THOMAS	<input type="checkbox"/>		1.2 NAME		
REET ADDRESS 8614 WESTWOOD CENTER DR			1.3 STREET ADDRESS		
Y-ST-ZIP VIENNA VA			1.4 CITY-ST-ZIP		
NAME	DELETE		2.1 TITLE	Change	Addition
LE ST BROWER, ANDREW T	<input type="checkbox"/>		2.2 NAME		
REET ADDRESS 8614 WESTWOOD CENTER DR			2.3 STREET ADDRESS		
Y-ST-ZIP VIENNA VA			2.4 CITY-ST-ZIP		
NAME	DELETE		3.1 TITLE	Change	Addition
LE D DUCREAU, JEAN-MARIE	<input type="checkbox"/>		3.2 NAME		
REET ADDRESS 8614 WESTWOOD CENTER DR.			3.3 STREET ADDRESS		
Y-ST-ZIP VIENNA VA			3.4 CITY-ST-ZIP		
NAME	DELETE		4.1 TITLE	Change	Addition
LE D SIMKIN, R. G	<input type="checkbox"/>		4.2 NAME		
REET ADDRESS 8614 WESTWOOD CENTER DR.			4.3 STREET ADDRESS		
Y-ST-ZIP VIENNA VA			4.4 CITY-ST-ZIP		
NAME	DELETE		5.1 TITLE	Change	Addition
LE D GALLOIS, PHILIPPE	<input type="checkbox"/>		5.2 NAME		
REET ADDRESS 8614 WESTWOOD CENTER DR.			5.3 STREET ADDRESS		
Y-ST-ZIP VIENNA VA			5.4 CITY-ST-ZIP		
NAME	DELETE		6.1 TITLE	Change	Addition
LE D MCKITTRICK, DAVID P	<input type="checkbox"/>		6.2 NAME		
REET ADDRESS 8614 WESTWOOD CENTER DR.			6.3 STREET ADDRESS		
Y-ST-ZIP VIENNA VA			6.4 CITY-ST-ZIP		

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, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: 6/29/99 TIME: 703-821-1875

CR2E034 (5/99)