

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90039 023 ***158.75

DOCUMENT # P16127

1. Entity Name
THE REINFORCED EARTH COMPANY

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

B0047928



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State: Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State: Zip Country

4. FEI Number **52-0915467** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name: Street Address (P.O. Box Number is Not Acceptable): City: **FL** Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
~~After MAY 1, 2001 Fee will be \$550.00~~
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LESGOURGUES, THOMAS 8614 WESTWOOD CENTER DR VIENNA VA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROWER, ANDREW T 8614 WESTWOOD CENTER DR VIENNA VA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BLOOMFIELD, ROGER 8614 WESTWOOD CENTER DR. VIENNA VA 27182	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESGOURGUES, THOMAS 8614 WESTWOOD CENTER DR. VIENNA VA 27182	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLOIS, PHILIPPE 8614 WESTWOOD CENTER DR. VIENNA VA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINDSCHNEIDER, HERWICK 8614 WESTWOOD CENTER DR. VIENNA VA 27182	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J.P. marchand Arpoume 1 Bis Rue Du Petit-Clamart Velizy-Villacoublay Cedex, France 78148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J.P. Fuzier 1 Bis Rue Du Petit-Clamart Velizy-Villacoublay Cedex France 78148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Andrew Brower DATE: 4/19/01 DAYTIME PHONE #: (703)821-1175

CR2E034 (10/00)