


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90062 006 \*\*\*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**

**94043645**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01272004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**52-0915467**

Applied For  
 Not Applicable

Zip Country Zip Country

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 **CT CORPORATION SYSTEM**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1200 SOUTH PINE ISLAND ROAD**  
 City **PLANTATION** FL Zip Code **33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE **3/27/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BLOOMFIELD, ROGER 8614 WESTWOOD CENTER DR VIENNA, VA 22182 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO SIWAK, PABLO 8614 WESTWOOD CENTER DR., STE 1100 VIENNA, VA 22182 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BLOOMFIELD, ROGER 8614 WESTWOOD CENTER DR. VIENNA, VA 27182 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPETY, BRUNO 1 BIS RUE DU PETIT CLAMART VELIZY VILLACOUBLAY CEDEX, FR 78148 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUZIER, J P 1 BIS RUE DU PETIT CLAMART VELIZY VILLACOUBLAY CEDEX, FR 78148 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MILLET, FRANCOIS 8614 WESTWOOD CENTER DR., STE 1100 VIENNA, VA 22182 <input type="checkbox"/> Delete

11. 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	DIRECTOR ROGER BLOOMFIELD 8614 WESTWOOD CENTER DR SUITE 1100 VIENNA VA 22182 <input checked="" 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	DIRECTOR PIERRE BERGER 8614 WESTWOOD CENTER DRIVE, STE 1100 VIENNA, VA 22182 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Serenyi **ROBERT SERENYI** CONTRACTOR **3/27/04** **203 8 211175**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #