## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P16127

THE REINFORCED EARTH COMPANY



FILED Apr 18, 2005 08:00 AM Secretary of State

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



DO NOT WRITE IN THIS SPACE

03172005 No Chg-P CR2E034 (10/03)

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

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324

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3. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS CEO TITLE BLOOMFIELD, ROGER NAME 8614 WESTWOOD CENTER DR STREET ADDRESS CITY-ST-ZIP VIENNA, VA 22182 **VPO** TITLE NAME SIWAK, PABLO STREET ADDRESS 8614 WESTWOOD CENTER DR., STE 1100 CITY-ST-ZIP VIENNA, VA 22182 TITLE BLOOMFIELD, ROGER NAME 8614 WESTWOOD CENTER DR., STE. 1100 STREET ADDRESS CITY-ST-ZIP VIENNA, VA 22182 TITLE DUPETY, BRUNO NAME STREET ADDRESS 1 BIS RUE DU PETIT CLAMART CITY-ST-ZIP VELIZY VILLACOUBLAY CEDEX, FR 78148 TIFLE BERGER, PIERRE NAME. STREET ADDRESS 8614 WESTWOOD CENTER DR., STE, 1100 VIENNA, VA 22182 CITY-ST-7IP TITLE CFO NAME MILLET, FRANÇOIS 8614 WESTWOOD CENTER DR., STE 1100 STREET ADDRESS VIENNA, VA 22182

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## DO NOT WRITE IN THIS SPACE

12. 1 hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

FRANCOIS MILLET