

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P41033** (2)

1. Corporation Name

JER PEOPLES SOUTHWEST SERVICES, INC.



Principal Place of Business

**1650 TYSONS BLVD
SUITE 1600
MCLEAN VA 22102**

Mailing Address

**1650 TYSONS BLVD
SUITE 1600
MCLEAN VA 22102**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

**1200 SOUTH ISLAND ROAD 1200 South Pine Island Road
PLANTATION FL 33324**

3. Date Incorporated or Qualified

10/20/1992

3a. Date of Last Report

11/13/1995

4. FEI Number

54-1635292

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Signature of person authorized to change the corporation's registered office or registered agent, or both, in the State of Florida.

Signature of Registered Agent required when submitting this statement.

DATE

12. OFFICERS AND DIRECTORS

TITLE

PCD

☐ DELETE

NAME

ROBERT, JOSEPH E., JR.

STREET ADDRESS

**11 CANAL CENTER PL, #200
ALEXANDRIA VA**

CITY-STATE-ZIP

V

☐ DELETE

NAME

WARD, DANIEL T.

STREET ADDRESS

**11 CANAL CENTER PL, #200
ALEXANDRIA VA**

CITY-STATE-ZIP

SVD

☐ DELETE

NAME

STEVENS, GARY P.

STREET ADDRESS

**11 CANAL CENTER PL, #200
ALEXANDRIA VA**

CITY-STATE-ZIP

VT

☒ DELETE

NAME

HOZIK, RICHARD

STREET ADDRESS

**11 CANAL CENTER PL, #200
ALEXANDRIA VA**

CITY-STATE-ZIP

VAS

☐ DELETE

NAME

HARMON, DEBORAH L.

STREET ADDRESS

**11 CANAL CENTER PL, #200
ALEXANDRIA VA**

CITY-STATE-ZIP

V/AS

☐ DELETE

NAME

Richard A. Harkins

STREET ADDRESS

**1650 Tysons Boulevard, Suite 1600
McLean, VA 22102**

CITY-STATE-ZIP

V/AS

☐ DELETE

NAME

Richard A. Harkins

STREET ADDRESS

**1650 Tysons Boulevard, Suite 1600
McLean, VA 22102**

CITY-STATE-ZIP

V/AS

☐ DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Harkins, Vice President

2/8/96

703/714-8000

Date

Daytime Phone #