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May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P41033** **(2)**

1. Corporation Name
JER PEOPLES SOUTHWEST SERVICES, INC.

Principal Place of Business	Mailing Address
1650 TYSONS BLVD SUITE 1600 MCLEAN VA 22102	1650 TYSONS BLVD SUITE 1600 MCLEAN VA 22102-3915

3. Date Incorporated or Qualified: 10/20/1992
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business	2a. Mailing Address
21 1650 Tysons Blvd.	26 1650 Tysons Blvd.
Suite, Apt. #, etc. 22 Suite 1600	Suite, Apt. #, etc. 27 Suite 1600
City & State 23 McLean, VA	City & State 28 McLean, VA
Zip: 24 22102 Country: 25 USA	Zip: 29 22102 Country: 30 USA

4. FEI Number: 54-1635292 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT, JOSEPH E., JR.		1.2 NAME		
STREET ADDRESS	1650 TYSONS BLVD., SUITE 1600		1.3 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA 22102		1.4 CITY-ST-ZIP		
TITLE	VAS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WARD, DANIEL T.		2.2 NAME		
STREET ADDRESS	1650 TYSONS BLVD. SUITE 1600		2.3 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA 22102		2.4 CITY-ST-ZIP		
TITLE	SVD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STEVENS, GARY P.		3.2 NAME		
STREET ADDRESS	1650 TYSONS BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA 22102		3.4 CITY-ST-ZIP		
TITLE	VT	☒ DELETE	4.1 TITLE	Treas.,VP, Asst. Sec.	☐ Change ☒ Addition
NAME	HOZIK, RICHARD		4.2 NAME	Bruce T. Cunningham, Jr.	
STREET ADDRESS	11 CANAL CENTER PL, #200		4.3 STREET ADDRESS	1650 Tysons Blvd., Suite 1600	
CITY-ST-ZIP	ALEXANDRIA VA		4.4 CITY-ST-ZIP	McLean, VA 22102	
TITLE	VAS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HARMON, DEBORAH L.		5.2 NAME		
STREET ADDRESS	1650 TYSONS BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA 22102		5.4 CITY-ST-ZIP		
TITLE	VAS	☐ DELETE	6.1 TITLE	Secretary, VP	☒ Change ☐ Addition
NAME	HARKINS, RICHARD A		6.2 NAME	700022028 97 -06/05/97--01055--046 ***165.00	
STREET ADDRESS	1650 TYSONS BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA 22102		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Patricia Russell Coover Patricia Russell Coover, Asst. Sec. 703/714-8000

5/27/97