FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Feb 18 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # 1. Corporation Name P41033 JER PEOPLES SOUTHWEST SERVICES, INC. Principal Place of Business Mailing Address 1650 TYSONS BLVD 1650 TYSONS BLVD **SUITE 1600** SUITE 1600 DO NOT WRITE IN THIS SPACE MCLEAN VA 22102 MCLEAN VA 22102 3. Date Incorporated or Qualified 10/20/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 54-1635292 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **C T CORPORATION SYSTEM** 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 City Zip Code 85 11. Pursuant to the previsions 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pentad name of registered agent and little if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE CEO/DIR/Chairman X Change Addition TITLE POD 1.1 TITLE ROBERT, JOSEPH E., JR. NAME 1.2 NAME 1650 TYSONS BLVD., SUITE 1600 STREET ADDRESS 1.3 STREET ADDRESS MCLEAN VA 22102 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE V/AS/Mng.Dir. K Change Addition TITLE 2.1 TITLE WARD, DANIEL T. NAME 2.2 NAME 1650 TYSONS BLVD. SUITE 1600 2.3 STREET ADDRESS STREET ADDRESS **MCLEAN VA 22102** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **CUNNINGHAM, BRUCE T JR** 3.2 NAME NAME 1650 TYSONS BLVD STREET ADDRESS 3.3 STREET ADDRESS **MCLEAN VA 22102** CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE X Change Addition Pres/AS TITLE 4.1 TITLE NAME HARMON, DEBORAH L. 4. 2 NAM8 1650 TYSONS BLVD. STREET ADDRESS 4.3 STREET ADDRESS MCLEAN VA 22102 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Pres/AS Change X Addition TITLE 5.1 TITLE HARKINS, RICHARD A Jonathan S. Kern NAME 5.2 NAME 1650 Tysons Blvd., Suite 1600 STREET ADDRESS 1650 TYSONS BLVD. 5.3 STREET ADDRESS MCLEAN VA 22102 CITY-ST-ZIP 5.4 CITY - ST - ZIP McLean, VA 22102 ☐ DELETE Change X Addition 6.1 TiTLE TITLE Sen.VP/AS

14. Thereby 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 supplicated a mula 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 receive this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed محمد

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP

Connie S. Parker 1650 Tysons Blvd., Suite 1600