

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra E. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F92000000496 (1)**

1. Corporation Name  
**LABAT-ANDERSON INCORPORATED**

Principal Place of Business      Mailing Address  
**2200 CLARENDON BLVD.  
SUITE 900  
ARLINGTON VA 22201**      **2200 CLARENDON BLVD.  
SUITE 900  
ARLINGTON VA 22201**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/23/1992**      **07/12/1994**

4. FEI Number      Applied For  
**54-1118540**       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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

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 607.0509, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DCCE</b>
NAME	<b>LABAT, VICTOR J</b>
STREET ADDRESS	<b>2200 CLARENDON BLVD., #900</b>
CITY-ST-ZIP	<b>ARLINGTON VA</b>
TITLE	<b>DP</b>
NAME	<b>MALINOWSKI, WALTER S</b>
STREET ADDRESS	<b>2200 CLARENDON BLVD., #900</b>
CITY-ST-ZIP	<b>ARLINGTON VA</b>
TITLE	<b>D</b>
NAME	<b>GRAVES, WARREN</b>
STREET ADDRESS	<b>329 MADISON STREET, NW</b>
CITY-ST-ZIP	<b>WASHINGTON DC</b>
TITLE	<b>T</b>
NAME	<b>UNDERHILL, VALERIE</b>
STREET ADDRESS	<b>2200 CLARENDON BLVD., #900</b>
CITY-ST-ZIP	<b>SILVER SPRING MD</b>
TITLE	<b>S</b>
NAME	<b>THEUNSSSEN, LYDIA S</b>
STREET ADDRESS	<b>2200 CLARENDON BLVD., #900</b>
CITY-ST-ZIP	<b>ARLINGTON VA</b>
TITLE	<b>D</b>
NAME	<b>LABAT, LORI M</b>
STREET ADDRESS	<b>2200 CLARENDON BLVD., #900</b>
CITY-ST-ZIP	<b>ARLINGTON VA 22201</b>

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D</b>
1.3 STREET ADDRESS	<b>CHANDLER, GLADSTONE</b>
1.4 CITY-ST-ZIP	<b>2200 CLARENDON BLVD., #900</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 not in this report with an address.

SIGNATURE:

*Lydia S. Theunssen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95  
Date

(703) 506-9600  
Telephone #