


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F92000000496
 1. Entity Name
 LABAT-ANDERSON INCORPORATED



Principal Place of Business
 8000 WESTPARK DR., STE 400
 MCLEAN, VA 22102

Mailing Address
 8000 WESTPARK DR., STE 400
 MCLEAN, VA 22102

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
 54-1118540

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MALINOWSKI, WALTER
STREET ADDRESS	8000 WESTPARK DR., STE 400
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	T
NAME	UNDERHILL, VALERIE
STREET ADDRESS	8000 WESTPARK DR., STE 400
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	S
NAME	BUONI, ALFRED
STREET ADDRESS	8000 WESTPARK DR., STE 400
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	D
NAME	LABAT, VICTOR
STREET ADDRESS	8000 WESTPARK DR., STE 400
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	D
NAME	MALINOWSKI, WALTER
STREET ADDRESS	8000 WESTPARK DR., STE 400
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Valerie Underhill, Treasurer 1/5/07 703 506-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #