


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90015 044 \*\*\*150.00

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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

40030151



02062008 Chg-P CR2E034 (12/06)

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**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 2008 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	<input type="checkbox"/> Delete
NAME	MALINOWSKI, WALTER	
STREET ADDRESS	8000 WESTPARK DR., STE 400	
CITY-ST-ZIP	MCLEAN, VA 22102	
TITLE	T	<input type="checkbox"/> Delete
NAME	UNDERHILL, VALERIE	
STREET ADDRESS	8000 WESTPARK DR., STE 400	
CITY-ST-ZIP	MCLEAN, VA 22102	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUONI, ALFRED	
STREET ADDRESS	8000 WESTPARK DR., STE 400	
CITY-ST-ZIP	MCLEAN, VA 22102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LABAT, VICTOR	
STREET ADDRESS	8000 WESTPARK DR., STE 400	
CITY-ST-ZIP	MCLEAN, VA 22102	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALINOWSKI, WALTER	
STREET ADDRESS	8000 WESTPARK DR, STE 400	
CITY-ST-ZIP	MCLEAN, VA 22102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* **VALERIE UNDERHILL** Treasurer *2/8/08* (703) 526-9600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #