

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F92000000496 (1)**

1. Corporation Name

LABAT-ANDERSON INCORPORATED



Principal Place of Business

2200 CLARENDON BLVD.
SUITE 900
ARLINGTON VA 22201

Mailing Address

2200 CLARENDON BLVD.
SUITE 900
ARLINGTON VA 22201

3. Date Incorporated or Qualified 11/23/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 54-1118540	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 8000 Westpark Drive	26 8000 Westpark Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 400	27 Suite 400
City & State	City & State
23 McLean, Virginia	28 McLean, Virginia
Zip	Zip
24 22102	29 22102
Country	Country
25 U.S.	30 U.S.

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box, etc.)	400001828994
83	-05/20/96--01037--043
84 City	***200.00
85 Zip Code	FL

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 _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8000 Westpark Drive, Suite 400
1.4 CITY- ST- ZIP	McLean, Virginia 22102
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8000 Westpark Drive, Suite 400
2.4 CITY- ST- ZIP	McLean, Virginia 22102
3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	Gladstone Chandler
3.4 CITY- ST- ZIP	8000 Westpark Drive, Suite 400
4. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	8000 Westpark Drive, Suite 400
4.4 CITY- ST- ZIP	McLean, Virginia 22102
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Theunissen, Lydia M.
5.3 STREET ADDRESS	8000 Westpark Drive, Suite 400
5.4 CITY- ST- ZIP	McLean, Virginia 22102
6. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	8000 Westpark Drive, Suite 400
6.4 CITY- ST- ZIP	McLean, Virginia 22102

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 119.07(3)(k), 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, its registered agent 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, unchanged, upon an attachment with an address.

SIGNATURE: *Lydia M. Theunissen* **Lydia M. Theunissen** DATE: **4/30/96** PHONE: **(703) 506-9600**

CR2E034 (12/95)