

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000496 (1)
1. Corporation 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 22102-3100
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 11/23/1992	3a. Date of Last Report 05/01/1996
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	

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 Number is Not Acceptable)
83
84 City
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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCCE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABAT, VICTOR J	1.2 NAME	
STREET ADDRESS	8000 WESTPARK DR., STE 400	1.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22102	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALINOWSKI, WALTER S	2.2 NAME	
STREET ADDRESS	8000 WESTPARK DR., STE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22102	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER, GLADSTONE	3.2 NAME	
STREET ADDRESS	8000 WESTPARK DR., STE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22102	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNDERHILL, VALERIE	4.2 NAME	
STREET ADDRESS	8000 WESTPARK DR., STE 400	4.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22102	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEUNISSEN, LYDIA S	5.2 NAME	
STREET ADDRESS	8000 WESTPARK DR., STE 400	5.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22102	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABAT, LORI M	6.2 NAME	
STREET ADDRESS	8000 WESTPARK DR., STE 400	6.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22102	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on the attached statement with an address.

SIGNATURE: *Sandra B. Mortham* **5/28/97 (703) 506 9600**

CR2E034 (9/96)