

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 11/23/1992	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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		
TITLE	DCCE	<input type="checkbox"/> DELETE
NAME	LABAT, VICTOR J	
STREET ADDRESS	8000 WESTPARK DR., STE 400	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MALINOWSKI, WALTER S	
STREET ADDRESS	8000 WESTPARK DR., STE 400	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHANDLER, GLADSTONE	
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	THEUNISSEN, LYDIA S	
STREET ADDRESS	8000 WESTPARK DR., STE 400	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LABAT, LORI M	
STREET ADDRESS	8000 WESTPARK DR., STE 400	
CITY-ST-ZIP	MCLEAN VA 22102	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Malinowski, Walter S	
1.3 STREET ADDRESS	8000 Westpark Dr, Ste 400	
1.4 CITY-ST-ZIP	McLean, VA 22102	
2.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Labat, Victor J	
2.3 STREET ADDRESS	8000 Westpark Dr, Ste 400	
2.4 CITY-ST-ZIP	McLean, VA 22102	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address

SIGNATURE _____ (Lydia M. Theunissen) 3/2/98 225/98

CR2E034 (10/97)