

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

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90005 015 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000496 ✓
 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		2a. Mailing Address		3. Date Incorporated or Qualified 11/23/1992	
21	22	26	27	4. FEI Number 54-1118540	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCCE	<input checked="" 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 checked="" 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	DP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALINOWSKI, WALTER S.		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	DC	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LABAT, VICTOR J.		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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Walter S. Malinowski **REQUIRED** 6/30/99 703-506-9600
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #