

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT #** 825982  
1. Corporation Name:  
**INTEREALTY CORP.**

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **01/24/1972** 3a. Date of Last Report **04/10/95**

2. Principal Place of Business  
21 **1951 Kidwell Drive**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Vienna, VA**  
Zip Country  
24 **22182 USA**

2a. Mailing Address  
26 **1951 Kidwell Drive**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Vienna, VA**  
Zip Country  
29 **22182 USA**

4. FEI Number **84-0577265** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

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

**Prentice-Hall Corporation System, Inc.**  
**1201 Hays Street, Suite 105**  
**Tallahassee, FL 32301**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and the corporation (NOTE: Registered Agent Signature required when registering)

**12. OFFICERS AND DIRECTORS**

|                |                                      |                                 |
|----------------|--------------------------------------|---------------------------------|
| TITLE          | <b>President</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>James F. Sherry</b>               |                                 |
| STREET ADDRESS | <b>1951 Kidwell Drive</b>            |                                 |
| CITY-ST-ZIP    | <b>Vienna, VA 22182</b>              |                                 |
| TITLE          | <b>SVP, Treas. &amp; Ass.'t Sec.</b> | <input type="checkbox"/> DELETE |
| NAME           | <b>Frank G. Edwards</b>              |                                 |
| STREET ADDRESS | <b>1951 Kidwell Drive</b>            |                                 |
| CITY-ST-ZIP    | <b>Vienna, VA 22182</b>              |                                 |
| TITLE          | <b>VP, Gen. Counsel &amp; Sec.</b>   | <input type="checkbox"/> DELETE |
| NAME           | <b>John C. Weldin</b>                |                                 |
| STREET ADDRESS | <b>1951 Kidwell Drive</b>            |                                 |
| CITY-ST-ZIP    | <b>Vienna, VA 22182</b>              |                                 |
| TITLE          | <b>SVP</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>David C. Charron</b>              |                                 |
| STREET ADDRESS | <b>1951 Kidwell Drive</b>            |                                 |
| CITY-ST-ZIP    | <b>Vienna, VA 22182</b>              |                                 |
| TITLE          | <b>SVP</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>Charles A. DelGrande</b>          |                                 |
| STREET ADDRESS | <b>1951 Kidwell Drive</b>            |                                 |
| CITY-ST-ZIP    | <b>Vienna, VA 22182</b>              |                                 |
| TITLE          | <b>SVP</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>Christine M. Strachota</b>        |                                 |
| STREET ADDRESS | <b>1951 Kidwell Drive</b>            |                                 |
| CITY-ST-ZIP    | <b>Vienna, VA 22182</b>              |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |  |
|--------------------|--|
| 1 1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1 2 NAME           | <b>VP</b>  |
| 1 3 STREET ADDRESS | <b>Shari B. Jernstrom</b>  |
| 1 4 CITY-ST-ZIP    | <b>1951 Kidwell Drive</b><br><b>Vienna, VA 22182</b>                         |
| 2 1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2 2 NAME           | <b>Director</b>  |
| 2 3 STREET ADDRESS | <b>David Hiller</b>  |
| 2 4 CITY-ST-ZIP    | <b>435 N. Michigan Avenue, #600</b><br><b>Chicago, IL 60611</b>              |
| 3 1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3 2 NAME           | <b>Director</b>  |
| 3 3 STREET ADDRESS | <b>Ashton Phelps</b>   |
| 3 4 CITY-ST-ZIP    | <b>3800 Howard Avenue</b><br><b>New Orleans, LA 70140</b>                    |
| 4 1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4 2 NAME           | <b>Director</b>  |
| 4 3 STREET ADDRESS | <b>Jerome Tilis</b>  |
| 4 4 CITY-ST-ZIP    | <b>1 Herald Plaza</b><br><b>Miami, FL 33132</b>                              |
| 5 1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5 2 NAME           | <b>Director</b>  |
| 5 3 STREET ADDRESS | <b>Peter Winter</b>  |
| 5 4 CITY-ST-ZIP    | <b>1400 Lake Learn Drive</b><br><b>Atlanta, GA 30348</b>                     |
| 6 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6 2 NAME           | <b>700001843177</b>  |
| 6 3 STREET ADDRESS | <b>-05/29/96--01129--004</b>   |
| 6 4 CITY-ST-ZIP    | <b>***225.00</b>   |

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 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.

**SIGNATURE:** *J.C. WEDIN* **J.C. WEDIN, SECRETARY** Date: **1/29/96** **703-760-7877**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)