

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90207 010 ***150.00

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1. Entity Name
INTEREALTY CORP.

Principal Place of Business
**1951 KIDWELL DRIVE
VIENNA VA 22182
US**

Mailing Address
**1951 KIDWELL DRIVE
VIENNA VA 22182
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **84-0577265**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input checked="" type="checkbox"/> Delete
NAME	BIRCH, PAW
STREET ADDRESS	11 ALLSTATE PARKWAY
CITY-ST-ZIP	MARKHAM, ONTARIO, CN L3R- 9T8
TITLE	T <input type="checkbox"/> Delete
NAME	GITAJN, ARTHUR
STREET ADDRESS	11 ALLSTATE PARKWAY
CITY-ST-ZIP	MARKHAM, ONTARIO, CN L3R- 9T8
TITLE	AT <input type="checkbox"/> Delete
NAME	BOMBA, KATHRYN A S
STREET ADDRESS	120 TURNPIKE ROAD
CITY-ST-ZIP	SOUTHBOROUGH MA 01772-2104
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	ISENBURG, SHELLY R
STREET ADDRESS	11 ALLSTATE PARKWAY
CITY-ST-ZIP	MARKHAM, ONTARIO, CN L3R- 9T8
TITLE	AS <input checked="" type="checkbox"/> Delete
NAME	TRENT, JOHN
STREET ADDRESS	66 PERIMETER CENTER EAST
CITY-ST-ZIP	ATLANTA GA 30346
TITLE	D <input type="checkbox"/> Delete
NAME	NELSON, WILLIAM G
STREET ADDRESS	4100 YONGE STREET
CITY-ST-ZIP	N YORK ONTARIO CN M2P2G2

TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Birch, Paul
STREET ADDRESS	120 Turnpike Road
CITY-ST-ZIP	Southborough, MA 01772-2104
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trent, John
STREET ADDRESS	66 Perimeter Center East
CITY-ST-ZIP	Atlanta, GA 30346
TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Klein, Ruth
STREET ADDRESS	11 Allstate Parkway
CITY-ST-ZIP	Markham, Ontario, CN L3R 9T8
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11 Allstate Parkway
CITY-ST-ZIP	Markham, Ontario, CN L3R 9T8

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathryn A. S. Bomba* **Kathryn A. S. Bomba 4/7/03 (703) 610-5167**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)