

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
SEP 11 1995

DOCUMENT # **P33324** (5)  
1. Corporation Name  
**INTERSOLV, INC.**

Principal Place of Business Mailing Address  
**3200 TOWER OAKS BLVD.** **3200 TOWER OAKS BLVD.**  
**ROCKVILLE MD 20852** **ROCKVILLE MD 20852**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/26/1991** 3a. Date of Last Report **07/06/1994**

4. FEI Number **52-0990382** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY ST ZIP  
PCD BURNS, KEVIN J. 12409 BEALL SPRING RD. POTOMAC MD  
D BOLZ, NORMAN A. 5112 CAPE COD COURT BETHESDA MD  
V GREENFIELD, GARY G. 12413 BACALL LANE POTOMAC MD  
D PLANITZER, RUSSELL E. 630 5TH AVENUE 32ND FLR. NEW YORK NY  
D ROSSOTTI, CHARLES O., JR 3314 N STREET, N.W. WASHINGTON DC  
D GOLDMAN, ROBERT N. 190 FOX HILL ST. WESTWOOD MA

1 1 TITLE  Change  Addition  
1 2 NAME **T Sexton, Kenneth A.**  
1 3 STREET ADDRESS **4228 Cherry Valley Drive**  
1 4 CITY - ST - ZIP **Olney, MD 20832**  
2 1 TITLE  Change  Addition  
2 2 NAME **Carpenter, Richard**  
2 3 STREET ADDRESS **25 Marion Street**  
2 4 CITY - ST - ZIP **Hingham, MA 02043**  
3 1 TITLE  Change  Addition  
3 2 NAME **Sola, Frank**  
3 3 STREET ADDRESS **The Syndetics Corp**  
3 4 CITY - ST - ZIP **80 Walnut Street Wellesley, MA 02181**  
4 1 TITLE  Change  Addition  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY - ST - ZIP  
5 1 TITLE  Change  Addition  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY - ST - ZIP  
6 1 TITLE  Change  Addition  
6 2 NAME  
6 3 STREET ADDRESS  
6 4 CITY - ST - ZIP

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 110.07(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 as an addendum with an address.

SIGNATURE:

*[Handwritten Signature]*

**KENNETH A. SEXTON**

**5/15/95 301-230-3200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Type Name)