


FILE NOW. FILING FEE AFTER MAIL IS \$550.00

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90008 043 \*\*\*\*15.00  
 04-26-1999 90142 010 \*\*\*\*135.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P33324  
 1. Corporation Name  
 INTERSOLV, INC.

Principal Place of Business Mailing Address  
 9420 KEY WEST AVENUE 9420 KEY WEST AVENUE  
 ROCKVILLE MD 20850-3334 ROCKVILLE MD 20850-3334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/26/1991	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		52-0990382	
24 Zip		29 Zip		5. Certificate of Status Desired	
25 Country		30 Country		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM				81 Name	
1200 S. PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324				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 title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENFIELD, GARY	1.2 NAME	
STREET ADDRESS	9420 KEY WEST AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20850-3334	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEXTON, KENNETH L	2.2 NAME	
STREET ADDRESS	9420 KEY WEST AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20850-3334	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, MICHAEL	3.2 NAME	
STREET ADDRESS	9420 KEY WEST AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20850-3334	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHLER, FRITZ	4.2 NAME	
STREET ADDRESS	9420 KEY WEST AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20850-3334	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANASTASSIADIO, PENOS	5.2 NAME	
STREET ADDRESS	9420 KEY WEST AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20850-3334	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, GARY	6.2 NAME	
STREET ADDRESS	9420 KEY WEST AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20850-3334	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: Michael Wright **REQUIRED** 1/27/99 (301) 838-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)