FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 1997

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F93000002294 (7) DOCUMENT

INTERNATIONAL SERVICE AGENCIES, INC.

Principal Place of Business Mailing Address **66 CANAL CENTER PLAZA** 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA VA 22314-1591 SUITE 310 ALEXANDRIA VA 22314

FILED Feb 11 1997 8:00am Secretary of State



3a. Date of Last Report 02/02/1996

Date incorporated or Qualified 05/17/1993

1/15/97

2. Principal Place of Business					2a. Mailing Address						4. FEI Number		Ar	plied For	
21				26							52-1273585		No	ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.							5. Certificate of Status Desired		\$8.75	Additional	
22				27							5. Continuate of Status Desired	<u> </u>	Fee Re	parimpe	
City & State				City & State							6. Election Campaign Financing		\$5.00	May Be	
23					28						Trust Fund Contribution		Added	to Fees	
Zip	Zip Country				, ·			Country		1	8. This corporation has liability for in			. 199.032,	
24 25					30							Yes K			
9. Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent					
· .									Name						
SULLIVAN, MIKE							82	5	Street Ad	dres	s (P.O. Box Number is Not Acceptable	e)			
17430 DURRANCE ROAD.								L							
N. FORT MYERS FL 33917							83								
			84	1	City				85 Zip	Code					
								<u> </u>	·			FL			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the corporation's heard of directors. I bereby accept the appointment as 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 617.0503, Florida Statutes.															
SIGNATURE															
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist							ent s	signature req	quired v	5.	DATE	DIVI OTEN		
12.		OFF	CERS AND D	IREC	TORS DELETE	13.			ADDITIONS/CHANGES TO OFFICE						
TITLE	D OUTSICE CATUV				☐ pereie			11 TITLE D					X ★ Change	Addition	
NAME QUENSE, CATHY								1.2 NAME C		Ca	thy Ouense				
STREET ADDRESS 130 PROSPECT ST.								1.3 STREET ADDRESS		12	0 Beacon Street merville, MA 02143			·	
CITY-ST-ZIP	CAMBRIDGE MA 02139							1.4 CITY-ST-ZIP		C	merville, MA 02145		<u> </u>	VV. 1000	
TITLE	D				Z DELETE		2.1 TITLE		'	_	A said a Bras Brassian		☐ Change	XX Addition	
NAME	HEYMA			2.2 N/			·		charine Day Bremer						
STREET ADDRESS 420 LEXINGTON AVE.											Ellis Street			1	
CITY - ST - ZIP	NEW YORK NY										anta, GA 30303		T Charles	Jail inger	
TITLE	D DAYNE				-			3.1 TITLE		٧.			☐ Change	XX Addition	
NAME	LUCAS, C. PAYNE				1						hard W. Angle, Jr.				
STREET ADDRESS								AD	DRESS .	54	Wilton Road				
CITY-ST-ZIP	WASHINGTON DC 20001						3.4. CITY-ST-ZIP			Wes	tport, CT 06880				
TITLE	D				DELETE K		4.1 TITLE		\ ;	T			Change	Addition	
NAME	COSGROVE, JOHN							4. 2 NAME		Jos	eph Sprunger				
STREET ADDRESS						4.3 STREET ADDRESS				Park Avenue South					
CITY-ST-ZIP	WASHINGTON DC										YORK, NY 10016		45.		
TITLE	D				DELETE		5.1 TITLE		\ I	D			Change	☐ Addition	
NAME	GRIFFEL, ANDREW										lrew Griffel	_			
STREET ADDRESS	15 WEST 26TH STREET, 9TH F				LOOR			,		989	Avenue of the Amer:	icas,	10th	Floor	
CITY-ST-ZIP	NEW YORK NY 10010						5.4 CITY - ST	ZIP 1	New	York, NY 10018					
TITLE	D				DELETE	E	6.1 TITLE		1	P			Change	Addition	
NAME	REED, PRIS						6.2 NAME	1	Rer	nee S. Acosta					
							6.3 STREET	ΑD	DRESS (66 Canal Center Plaza, Suite 310					
CITY-ST-ZIP ROCKVILLE MD 14. I do hereby certify that the information supplied with this filing does not q information indicated on this annual report or supplemental annual report							6.4 CITY-ST-ZIP			Ale	exandria, VA 22314			.,,	
 14. I do hereb information 	y certify than indicated	t the information this annual	on supplied w report or supp	ith thi pleme	is filing does not d ental annual repor	qualify for rt is true a	the exer	ımp Jra	ption state te and th	ed in at m	Section 119.07(3)(i), Florida Statutes y signature shall have the same legal	. I further effect as	certify that if made un	the der oath; that	
i lam an of	ticer or dire	ctor of the corr	ocration or the	rece	eiver or trustee en ttachment with ar	nnowered	ito exec	ute	e this rep	ort a	s required by Chapter 617, Florida St	atutes; a	nd that my r	name	
appears	1 TE TE C) C	nangeu, St. on	' a '' p	Machinoni with si	11 4001088	·.) [