

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000002294**

1. Entity Name

INTERNATIONAL SERVICE AGENCIES, INC.

Principal Place of Business

66 CANAL CENTER PLAZA
SUITE 310
ALEXANDRIA VA 22314

Mailing Address

66 CANAL CENTER PLAZA
SUITE 310
ALEXANDRIA VA 22314-1591

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1273585

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, MIKE
17430 DURRANCE ROAD
N. FORT MYERS FL 33917

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	D ASHBY, DOUGLAS W	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	222 RICHMOND ST	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE NAME	C BREMER, KATHARINE DAY	<input type="checkbox"/> Delete
STREET ADDRESS	1040 CROWN-POINTE-PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE NAME	V ANGLE, RICHARD W. JR.	<input type="checkbox"/> Delete
STREET ADDRESS	52 UNCAS CIR	
CITY-ST-ZIP	GUILFORD CT 06437	
TITLE NAME	TS SPRUNGER, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	390 PARK AVE. SOUTH	
CITY-ST-ZIP	NEW YORK NY	
TITLE NAME	D COSGROVE, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1124 NATIONAL PRESS BLDG	
CITY-ST-ZIP	WASHINGTON DC 20045	
TITLE NAME	P ACOSTA, RENEE S.	<input type="checkbox"/> Delete
STREET ADDRESS	66 CANAL CENTER PLAZA, SUITE 310	
CITY-ST-ZIP	ALEXANDRIA VA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	C Zuercher, David J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	525 Market St., 25th Floor	
CITY-ST-ZIP	San Francisco, CA 94105	
TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	99 Linden Avenue	
CITY-ST-ZIP	Metuchen, NJ 08840	
TITLE NAME	V Beardsley, John	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	224 Franklin Avenue, West	
CITY-ST-ZIP	Minneapolis, MN 55404-2394	
TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	22314	

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 617, 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.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90178 042 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)