

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000002294**

1. Entity Name

INTERNATIONAL SERVICE AGENCIES, INC.**FILED**
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90092 048 ****61.25

Principal Place of Business

Mailing Address

**66 CANAL CENTER PLAZA
SUITE 310
ALEXANDRIA VA 22314****66 CANAL CENTER PLAZA
SUITE 310
ALEXANDRIA VA 22314**

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

7. Name and Address of New Registered Agent

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

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
NAME **ZUERCHER, DAVID J**
STREET ADDRESS **525 MARKET ST-25TH FLR**
CITY-ST-ZIP **SAN FRANCISCO CA 94105**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BREMER, KATHARINE DAY**
STREET ADDRESS **3348 PEACHTREE RD. NE, SUITE 300**
CITY-ST-ZIP **ATLANTA GA 30326**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VCEO** ☐ Delete
NAME **MURPHY, STEPHANIE**
STREET ADDRESS **66 CANAL CENTER PLAZA, SUITE 310**
CITY-ST-ZIP **ALEXANDRIA VA 2214**TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TS** ☐ Delete
NAME **FLEISHMAN, H. KENNETH**
STREET ADDRESS **7475 WISCONSIN AVE., SUITE 700**
CITY-ST-ZIP **BETHESDA MD 20814-3417**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VC** ☐ Delete
NAME **BEARDSLEY, JOHN**
STREET ADDRESS **224 FRANKLIN AVE WEST**
CITY-ST-ZIP **MINNEAPOLIS MN 55404-2394**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3904 Williston Road**
CITY-ST-ZIP **Minnetonka, MN 55345**TITLE **P** ☐ Delete
NAME **ACOSTA, RENEE S.**
STREET ADDRESS **66 CANAL CENTER PLAZA, SUITE 310**
CITY-ST-ZIP **ALEXANDRIA VA 22314**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephanie Murphy

4/17/02

Date

703-548-2200

Daytime Phone #

CR2E037 (9/01)