


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000004129	
1. Entity Name INTANK SERVICES, INC.	

Principal Place of Business 9115 WHISKEY BOTTOM ROAD LAUREL, MD 20723	Mailing Address 9115 WHISKEY BOTTOM ROAD LAUREL, MD 20723
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DO NOT WRITE IN THIS SPACE



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2351243	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UP00000087047 03/12/04-80047-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAMERON, JAMES G 9115-K WHISKEY BOTTOM RD LAUREL, MD 20723
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SILVERMAN, EUGENE B 9115 WHISKEY BOTTOM ROAD LAUREL, MD 20723
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T QUADE, S. MICHAEL 9115 WHISKEY BOTTOM ROAD LAUREL, MD 20723
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEARD, GREGORY A 712 FIFTH AVENUE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAPEYRE, PIERRE F JR. 712 FIFTH AVENUE, 19TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 607, 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: *S. Michael Quade* **S. Michael Quade, CTO** **3/5/04** **(201) 497-0477**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #