

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-12-2003 90018 049 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

55054894



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-2351243

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SCOTT, MICHAEL W
STREET ADDRESS 9115 WHISKEY BOTTOM ROAD
CITY-ST-ZIP LAUREL MD 20723 ☒ Delete

TITLE P
NAME James G. Cameron
STREET ADDRESS 9115-K Whiskey Bottom Rd
CITY-ST-ZIP Laurel, MD 20723 ☒ Change ☐ Addition

TITLE S
NAME SILVERMAN, EUGENE B
STREET ADDRESS 9115 WHISKEY BOTTOM ROAD
CITY-ST-ZIP LAUREL MD 20723 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME QUADE, S. MICHAEL
STREET ADDRESS 9115 WHISKEY BOTTOM ROAD
CITY-ST-ZIP LAUREL MD 20723 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME FRANKLIN, J. WILLIAM JR.
STREET ADDRESS 712 FIFTH AVENUE, 19TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022 ☒ Delete

TITLE D
NAME Gregory A. Beard
STREET ADDRESS 712 Fifth Avenue
CITY-ST-ZIP New York, NY 10022 ☒ Change ☐ Addition

TITLE D
NAME LAPEYRE, PIERRE F JR.
STREET ADDRESS 712 FIFTH AVENUE, 19TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

S. MICHAEL QUADE

CR2E034 (4/03)