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Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002294 (7)

1. Corporation Name

INTERNATIONAL SERVICE AGENCIES, INC.

Principal Place of Business

Mailing Address

66 CANAL CENTER PLAZA
SUITE 310
ALEXANDRIA VA 22314

66 CANAL CENTER PLAZA
SUITE 310
ALEXANDRIA VA 22314

3. Date Incorporated or Qualified

05/17/1993

4. FEI Number

52-1273585

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS QUENSE, CATHY
CITY-ST-ZIP 120 BEACON STREET
SOMERVILLE MA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME C
STREET ADDRESS BREMER, KATHARINE DAY
CITY-ST-ZIP 151 ELLIS STREET
ATLANTA GA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME V
STREET ADDRESS ANGLE, RICHARD W. J
CITY-ST-ZIP 54 WILTON ROAD
WESTPORT CT

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

ANGLE, RICHARD W. JR.

TITLE ☐ DELETE
NAME T
STREET ADDRESS SPRUNGER, JOSEPH
CITY-ST-ZIP 390 PARK AVE. SOUTH
NEW YORK NY

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS GRIFFEL, ANDREW
CITY-ST-ZIP 989 AVENUE OF THE AMERICAS, 10TH FLOOR
NEW YORK NY

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

NEW YORK, NY

TITLE ☐ DELETE
NAME P
STREET ADDRESS ACOSTA, RENEE S.
CITY-ST-ZIP 66 CANAL CENTER PLAZA, SUITE 310
ALEXANDRIA VA

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Renée S. Acosta SIGNATURE REQUIRED RENEE S. ACOSTA

703-548-2200

CR2E037 (10/97)

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Updated: December 8, 1997

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