

FILE NOW: FILING FEE AFTER MAY 19~~97~~ IS \$550.00

FILED
Apr 15 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F96000002738 (0)
 1. Corporation Name
INTEROFFICE/MIAMI, INC.



| | |
|---|---|
| Principal Place of Business 11350 RANDOM HILLS RD. SUITE 650 FAIRFAX VA 22030 | Mailing Address 11350 RANDOM HILLS RD. SUITE 650 FAIRFAX VA 22030 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 21 2. Principal Place of Business | 26 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 05/30/1996 | Applied For |
| 4. FEI Number 54-1789016 | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

| |
|--|
| 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D | 1.1 TITLE | President |
| NAME | SWINLEY, PAUL A | 1.2 NAME | Joanna McDaniel |
| STREET ADDRESS | 11350 RANDOM HILLS RD., SUITE 650 | 1.3 STREET ADDRESS | 11350 Random Hills Rd., Suite 650 |
| CITY-ST-ZIP | FAIRFAX VA | 1.4 CITY-ST-ZIP | Fairfax, VA 22030 |
| | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VP |
| TITLE | PD | 2.2 NAME | Linda Marschall |
| NAME | ROCHE, FRANK J JR. | 2.3 STREET ADDRESS | 11350 Random Hills Rd., Ste 650 |
| STREET ADDRESS | 11350 RANDOM HILLS DR. | 2.4 CITY-ST-ZIP | Fairfax, VA 22030 |
| CITY-ST-ZIP | FAIRFOX VA | 3.1 TITLE | Secretary/Treasurer |
| | <input checked="" type="checkbox"/> DELETE | 3.2 NAME | Terrence J. Burns |
| TITLE | VSD | 3.3 STREET ADDRESS | 11350 Random Hills Rd., Ste 650 |
| NAME | SWINLEY, KAREN A | 3.4 CITY-ST-ZIP | Fairfax, VA 22030 |
| STREET ADDRESS | 11350 RANDOM HILLS DR. | 4.1 TITLE | Director |
| CITY-ST-ZIP | FAIRFOX VA | 4.2 NAME | Scott Reckler |
| | <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS | 225 Broad Hollow Rd |
| TITLE | | 4.4 CITY-ST-ZIP | Melville, NY 11747 |
| NAME | | 5.1 TITLE | Director |
| STREET ADDRESS | | 5.2 NAME | Daniel DiSeno |
| CITY-ST-ZIP | | 5.3 STREET ADDRESS | 225 Broad Hollow Rd. |
| | <input type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP | Melville, NY 11747 |
| TITLE | | 6.1 TITLE | Director |
| NAME | | 6.2 NAME | Arnold Widder |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 225 Broad Hollow Rd. |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Melville, NY 11747 |

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)

Additional Board of Directors

Director
Jon Halpern
Two Manhattanville Rd.
Suite 205
Purchase, NY 10577

Director
Martin Rabinowitz
10 East 50th St.
NY, NY 10022