

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

Mailing Address

11350 RANDOM HILLS RD. SUITE 650
FAIRFAX VA 22030

11350 RANDOM HILLS RD. SUITE 650
FAIRFAX VA 22030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1996

4. FEI Number

54-1789016

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWINLEY, PAUL A	
STREET ADDRESS	11350 RANDOM HILLS RD., SUITE 650	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROCHE, FRANK J JR.	
STREET ADDRESS	11350 RANDOM HILLS DR.	
CITY-ST-ZIP	FAIRFOX VA	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	SWINLEY, KAREN A	
STREET ADDRESS	11350 RANDOM HILLS DR.	
CITY-ST-ZIP	FAIRFOX VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joanna McDaniel	
1.3 STREET ADDRESS	11350 Random Hills Rd., Suite 650	
1.4 CITY-ST-ZIP	Fairfax, VA 22030	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Linda Marschall	
2.3 STREET ADDRESS	11350 Random Hills Rd., Ste 650	
2.4 CITY-ST-ZIP	Fairfax, VA 22030	
3.1 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Terrence J. Burns	
3.3 STREET ADDRESS	11350 Random Hills Rd., Ste 650	
3.4 CITY-ST-ZIP	Fairfax, VA 22030	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Scott Reckler	
4.3 STREET ADDRESS	225 Broad Hollow Rd	
4.4 CITY-ST-ZIP	Melville, NY 11747	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Daniel DiSeno	
5.3 STREET ADDRESS	225 Broad Hollow Rd.	
5.4 CITY-ST-ZIP	Melville, NY 11747	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Arnold Widder	
6.3 STREET ADDRESS	225 Broad Hollow Rd.	
6.4 CITY-ST-ZIP	Melville, NY 11747	

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