

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90012 014 ***300.00

DOCUMENT # F96000002738

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

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

90 Park Avenue

Suite, Apt. #, etc.

3100

City & State

New York, N.Y.

Zip

10016

Country

USA

2a. Mailing Address

90 Park Avenue

Suite, Apt. #, etc.

3100

City & State

New York, N.Y.

Zip

10016

Country

USA

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **MCDANIEL, JOANNE**
STREET ADDRESS **11350 RANDOM HILLS RD STE 650**
CITY-ST-ZIP **FAIRFAX VA 22030**

TITLE **VP** ☒ DELETE
NAME **MARSHALL, LINDA**
STREET ADDRESS **11350 RANDOM HILLS RD STE 650**
CITY-ST-ZIP **FAIRFAX VA 22030**

TITLE **ST** ☐ DELETE
NAME **BURNS, TERRENCE J**
STREET ADDRESS **11350 RANDOM HILLS RD STE 650**
CITY-ST-ZIP **FAIRFAX VA 22030**

TITLE **D** ☒ DELETE
NAME **RECKLER, SCOTT**
STREET ADDRESS **225 BROAD HOLLOW RD**
CITY-ST-ZIP **MELVILLE NY 11747**

TITLE **D** ☒ DELETE
NAME **DISANO, DANIEL**
STREET ADDRESS **225 BROAD HOLLOW RD**
CITY-ST-ZIP **MELVILLE NY 11747**

TITLE **D** ☒ DELETE
NAME **WIDDER, ARNOLD**
STREET ADDRESS **225 BROAD HOLLOW RD**
CITY-ST-ZIP **MELVILLE NY 11747**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **David Beale**
1.3 STREET ADDRESS **90 Park Avenue**
1.4 CITY-ST-ZIP **New York, N.Y. 10016**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **Alan Langer**
2.3 STREET ADDRESS **90 Park Avenue**
2.4 CITY-ST-ZIP **New York, N.Y. 10016**

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

4.1 TITLE **Asst. Secretary** ☒ Change ☐ Addition
4.2 NAME **Steve Cooperman**
4.3 STREET ADDRESS **90 Park Avenue, Ste. 3100**
4.4 CITY-ST-ZIP **New York, N.Y. 10016**

5.1 TITLE **Asst. Treasurer** ☒ Change ☐ Addition
5.2 NAME **Peter Samitt**
5.3 STREET ADDRESS **90 Park Avenue**
5.4 CITY-ST-ZIP **New York, N.Y. 10016**

6.1 TITLE **D** ☐ Change ☐ Addition
6.2 NAME **David Beale**
6.3 STREET ADDRESS **90 Park Avenue, Ste. 3100**
6.4 CITY-ST-ZIP **New York, N.Y. 10016**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)