

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 10, 1999 8:00 am
Secretary of State

05-10-1999 90298 006 ***150.00

DOCUMENT # F97000002456

1. Corporation Name

INTERFINANCIAL SERVICES CORPORATION

Principal Place of Business

POST OFFICE BOX 50355
ATLANTA GA 30302

Mailing Address

POST OFFICE BOX 50355
ATLANTA GA 30302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1997

4. FEI Number

58-1635849

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 260 Interstate N. Cir., NW
Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 50355
Suite, Apt. #, etc.

23 City & State

Atlanta, GA 30339
Zip Country

27 City & State

28 Atlanta, GA 30302
Zip Country

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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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	WILLIAMS, JEFFREY W	3290 NORTHSIDE PARKWAY NW	ATLANTA GA 30327	<input type="checkbox"/>
VD	WATTS, JAMES O III	3290 NORTHSIDE PARKWAY NW	ATLANTA GA 30327	<input checked="" type="checkbox"/>
S	WEXLER, HOWARD	3290 NORTHSIDE PARKWAY NW	ATLANTA GA 30327	<input type="checkbox"/>
D	FREEDMAN, ALLEN R	3290 NORTHSIDE PARKWAY NW	ATLANTA GA 30327	<input type="checkbox"/>
VPT	WALKER, STEVEN G	3290 NORTHSIDE PARKWAY NW	ATLANTA GA 30327	<input checked="" type="checkbox"/>
D	CLAYTON, J K	3290 NORTHSIDE PARKWAY NW	ATLANTA GA 30327	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		260 Interstate North Circle, NW	Atlanta, GA 30339	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
VP	Peter McNally	260 Interstate North Circle, NW	Atlanta, GA 30339	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		260 Interstate North Circle, NW	Atlanta, GA 30339	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
		One Chase Manhattan Plaza	New York, NY 10005	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
Treasurer	Edwin L. Harper	260 Interstate North Circle, NW	Atlanta, GA 30339	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
		One Chase Manhattan Plaza	New York, NY 10005	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

Howard B. Wexler

Secretary 4/30/99 770/763-2407

Date

Daytime Phone #

CR2E034 (11/98)