

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F97000002456**

1. Entity Name

**INTERFINANCIAL SERVICES CORPORATION****FILED****May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90101 009 \*\*\*150.00

Principal Place of Business

Mailing Address

**260 INTERSTATE N. CIR. NW**  
**ATLANTA GA 30339****POST OFFICE BOX 50355**  
**ATLANTA GA 30302-0355**

2. Principal Place of Business

3. Mailing Address

**260 Interstate North Cir. P.O. Box 50355**  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**58-1635849**

Applied For

Not Applicable

**Atlanta, Georgia 30339**  
Zip Country**Atlanta, Georgia 30302**  
Zip Country5. Certificate of Status Desired ~ ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, JEFFREY W</b>	
STREET ADDRESS	<b>260 INTERSTATE NORTH CIRCLE, NW</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>M McNALLY, PETER</b>	
STREET ADDRESS	<b>260 INTERSTATE NORTH CIRCLE, NW</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>WEXLER, HOWARD</b>	
STREET ADDRESS	<b>260 INTERSTATE NORTH CIRCLE, NW</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>FREEDMAN, ALLEN R</b>	
STREET ADDRESS	<b>ONE CHASE MANHATTAN PLAZA</b>	
CITY-ST-ZIP	<b>NEW YORK NY 1005</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>HARPER, EDWIN L</b>	
STREET ADDRESS	<b>260 INTERSTATE NORTH CIRCLE, NW</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>CLAYTON, J K</b>	
STREET ADDRESS	<b>ONE CHASE MANHATTAN PLAZA</b>	
CITY-ST-ZIP	<b>NEW YORK NY 1005</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>260 Interstate North Circle, NW</b>
STREET ADDRESS	<b>Atlanta, Georgia 30339</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>260 Interstate North Circle NW</b>
STREET ADDRESS	<b>Atlanta, Georgia 30339</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>260 Interstate North Circle, NW</b>
STREET ADDRESS	<b>Atlanta, Georgia 30339</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>One Chase Manhattan Plaza</b>
STREET ADDRESS	<b>New York, NY 10005</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>260 Interstate North Circle, NW</b>
STREET ADDRESS	<b>Atlanta, Georgia 30339</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>One Chase Manhattan Plaza</b>
STREET ADDRESS	<b>New York, NY 10005</b>
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Bruce VanGeest 5-1-00 770)763-2469**

Date

Daytime Phone #