

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

000938

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

05-14-1999 90012 014 \*\*\*300.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000003440**

1. Corporation Name  
**INTEROFFICE MANAGEMENT, 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 90 Park Avenue	26 90 Park Avenue	07/02/1997		4. FEI Number	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	54-1462372		Applied For	
22 3100	27 3100	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 New York, NY	28 New York, NY	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Zip Country	Zip Country				
24 10016 25 USA	29 10016 30 USA				

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	MARSHALL, LINDA	1.2 NAME
STREET ADDRESS	11350 RANDOMHILL RD STE 650	1.3 STREET ADDRESS
CITY-ST-ZIP	FAIRFAX VA 22030	1.4 CITY-ST-ZIP
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	MCDANIEL, JOANNE	2.2 NAME
STREET ADDRESS	11350 RANDOM HILL RD STE 650	2.3 STREET ADDRESS
CITY-ST-ZIP	FAIRFAX VA 22030	2.4 CITY-ST-ZIP
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE
NAME	BORNS, TERRENCE J	3.2 NAME
STREET ADDRESS	11350 RANDOM HILLS RD STE 650	3.3 STREET ADDRESS
CITY-ST-ZIP	FAIRFAX VA 22030	3.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE
NAME	RECKLER, SCOTT	4.2 NAME
STREET ADDRESS	225 BROAD HOLLOW RD	4.3 STREET ADDRESS
CITY-ST-ZIP	MELVILLE NY 11747	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE
NAME	DISANO, DANIEL	5.2 NAME
STREET ADDRESS	225 BROAD HOLLOW RD	5.3 STREET ADDRESS
CITY-ST-ZIP	MELVILLE NY 11747	5.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE
NAME	WIDDER, ARNOLD	6.2 NAME
STREET ADDRESS	225 BROAD HOLLOW RD	6.3 STREET ADDRESS
CITY-ST-ZIP	MELVILLE NY 11747	6.4 CITY-ST-ZIP

David Beale	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
90 Park Avenue	
New York, NY 10016	
VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Alan Langer	
90 Park Avenue	
New York, NY 10016	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Asst. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Steve Casperman	
90 Park Avenue, Ste. 3100	
New York, NY 10016	
Asst. Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Peter Schmitt	
90 Park Ave.	
New York, NY 10016	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
David Beale	
90 Park Avenue	
New York, NY 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: \_\_\_\_\_ Date: 4-30-99 Daytime Phone #: 212-907-6162

CR2E034 (11/98)