

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90097 027 ***150.00

0621297 AT

DOCUMENT # P32666

1. Entity Name
INTEGRATED FUNDING, INC.



Principal Place of Business
**11200 ROCKVILLE PIKE
ROCKVILLE MD 20852**

Mailing Address
**C/O JULIE WHITE
11200 ROCKVILLE PIKE 5TH FL
ROCKVILLE MD 20852
US**

70052173



2. Principal Place of Business
11200 ROCKVILLE PIKE

3. Mailing Address
C/O JULIE WHITE

Suite, Apt. #, etc.
4th FLOOR

Suite, Apt. #, etc.
11200 ROCKVILLE PIKE, 4th FLOOR

CHECK HERE IF MAKING CHANGES

City & State
ROCKVILLE, MD

City & State
ROCKVILLE, MD

Zip
20852

Country
USA

Zip
20852

Country
USA

4. FEI Number **13-3081838**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT AZZARA, CYNTHIA 11200 ROCKVILLE PIKE ROCKVILLE MD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WILLOUGHBY, H. WILLIAM 11200 ROCKVILLE PIKE ROCKVILLE MD <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DOCKSER, WILLIAM 11200 ROCKVILLE PIKE ROCKVILLE MD 20852 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IANNARONE, DAVID B 11200 ROCKVILLE PIKE ROCKVILLE MD 20852 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P/D BARRY S. BLATTMAN 11200 ROCKVILLE PIKE ROCKVILLE, MD 20852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRAIG M. LIEBERMAN 11200 ROCKVILLE PIKE ROCKVILLE, MD 20852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S SUSAN B. RAILEY 11200 ROCKVILLE PIKE ROCKVILLE, MD 20852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARK A. LIBERA 11200 ROCKVILLE PIKE ROCKVILLE, MD 20852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. LIBERA **MARK A. LIBERA**
VICE PRESIDENT
GENERAL COUNSEL

DATE: _____

Daytime Phone # **301-255-0676**

CR2E034 (10/02)