


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
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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
City & State ROCKVILLE, MD	City & State ROCKVILLE, MD
Zip 20852	Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 13-3081838		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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 VICE PRESIDENT GENERAL COUNSEL	Date _____	Daytime Phone # 301-255-0676
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CR2E034 (10/02)