

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
SEP 11 1995

DOCUMENT # **P33324** (5)

1. Corporation Name
INTERSOLV, INC.

Principal Place of Business Mailing Address
3200 TOWER OAKS BLVD. ROCKVILLE MD 20852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/26/1991** 3a. Date of Last Report **07/06/1994**

4. FEI Number **52-0990382** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 29 Zip Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	BURNS, KEVIN J.
STREET ADDRESS	12409 BEALL SPRING RD.
CITY- ST- ZIP	POTOMAC MD
TITLE	D
NAME	BOLZ, NORMAN A.
STREET ADDRESS	5112 CAPE COD COURT
CITY- ST- ZIP	BETHESDA MD
TITLE	V
NAME	GREENFIELD, GARY G.
STREET ADDRESS	12413 BACALL LANE
CITY- ST- ZIP	POTOMAC MD
TITLE	D
NAME	PLANTZER, RUSSELL E.
STREET ADDRESS	630 5TH AVENUE 32ND FLR.
CITY- ST- ZIP	NEW YORK NY
TITLE	D
NAME	ROSSOTTI, CHARLES O., JR
STREET ADDRESS	3314 N STREET, N.W.
CITY- ST- ZIP	WASHINGTON DC
TITLE	D
NAME	GOLDMAN, ROBERT N.
STREET ADDRESS	190 FOX HILL ST.
CITY- ST- ZIP	WESTWOOD MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Sexton, Kenneth A.	
13 STREET ADDRESS	4228 Cherry Valley Drive	
14 CITY- ST- ZIP	OLNEY, MD 20832	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Carpenter, Richard	
23 STREET ADDRESS	25 Marion Street	
24 CITY- ST- ZIP	Hingham, MA 02043	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Sola, Frank	
33 STREET ADDRESS	The Syndetics Corp	
34 CITY- ST- ZIP	80 Walnut Street Wellesley, MA 02181	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 as an addendum with an address.

SIGNATURE: *Kenneth A. Sexton* **KENNETH A. SEXTON** 5/15/95 301-230-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)