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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90008 043 ****15.00
 04-26-1999 90142 010 ****135.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P33324
 1. Corporation Name
INTERSOLV, INC.

Principal Place of Business Mailing Address
 9420 KEY WEST AVENUE 9420 KEY WEST AVENUE
 ROCKVILLE MD 20850-3334 ROCKVILLE MD 20850-3334

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
03/26/1991

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 25 29 30

4. FEI Number Applied For
52-0990382 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 owes the current year Intangible Personal Property Tax. Yes No

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	CPD	<input type="checkbox"/>
NAME	GREENFIELD, GARY	
STREET ADDRESS	9420 KEY WEST AVENUE	
CITY-ST-ZIP	ROCKVILLE MD 20850-3334	
TITLE	VD	<input type="checkbox"/>
NAME	SEXTON, KENNETH L	
STREET ADDRESS	9420 KEY WEST AVENUE	
CITY-ST-ZIP	ROCKVILLE MD 20850-3334	
TITLE	TD	<input type="checkbox"/>
NAME	WRIGHT, MICHAEL	
STREET ADDRESS	9420 KEY WEST AVENUE	
CITY-ST-ZIP	ROCKVILLE MD 20850-3334	
TITLE	SD	<input type="checkbox"/>
NAME	KOHLER, FRITZ	
STREET ADDRESS	9420 KEY WEST AVENUE	
CITY-ST-ZIP	ROCKVILLE MD 20850-3334	
TITLE	SD	<input type="checkbox"/>
NAME	ANASTASSIADIO, PENOS	
STREET ADDRESS	9420 KEY WEST AVENUE	
CITY-ST-ZIP	ROCKVILLE MD 20850-3334	
TITLE	VD	<input type="checkbox"/>
NAME	WRIGHT, GARY	
STREET ADDRESS	9420 KEY WEST AVENUE	
CITY-ST-ZIP	ROCKVILLE MD 20850-3334	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: Michael Wright **REQUIRED** 1/27/99 (301) 838-5000
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)