

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000049641 (8)

1. Corporation Name
INTRALINK, INC.

Principal Place of Business
1800 N. DOUGLAS RD., STE. 200
PEMBROKE PINES FL 33024

Mailing Address
1800 N. DOUGLAS RD., STE. 200
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1800 N DOUGLAS ROAD Suite, Apt. #, etc. 22 SUITE 104 City & State 23 PEMBROKE PINES, FL Zip 24 33024		2a. Mailing Address 26 1800 N. DOUGLAS RD. Suite, Apt. #, etc. 27 SUITE 104 City & State 28 PEMBROKE PINES, FL Zip 29 33024		3. Date Incorporated or Qualified 06/02/1997	
				4. FEI Number 650778727	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KALIS, NEAL R 7320 GRIFFIN RD., STE. 109 DAVE FL 33314				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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, ROBERT H			1.2 NAME			
STREET ADDRESS	1800 N. DOUGLAS RD., STE. 200			1.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33024			1.4 CITY-ST-ZIP			
TITLE	D/VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEGG, ROBERT P			2.2 NAME			
STREET ADDRESS	1800 N. DOUGLAS RD., STE. 200			2.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33024			2.4 CITY-ST-ZIP			
TITLE	D/S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HART, KEVIN M			3.2 NAME			
STREET ADDRESS	1800 N. DOUGLAS RD., STE. 200			3.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33024			3.4 CITY-ST-ZIP			
TITLE	D/VP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHN, DAVID L			4.2 NAME			
STREET ADDRESS	1800 N. DOUGLAS RD., STE. 200			4.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33024			4.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRAIG LOSEWSKI			5.2 NAME			
STREET ADDRESS	1800 N DOUGLAS ROAD, STE 104			5.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33024			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSANA CORDOVA			6.2 NAME			
STREET ADDRESS	1800 N DOUGLAS ROAD, STE 200			6.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE, PINES FL 33024			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.

SIGNATURE:

4/16/98 9544423433

CR2E034 (10/97)