

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90050 035 ***150.00

DOCUMENT # P97000049641

1. Corporation Name
INTRALINK, INC.



Principal Place of Business
**1800 N DOUGLAS RD #104
PEMBROKE PINES FL 33024
US**

Mailing Address
**1800 N DOUGLAS RD #104
PEMBROKE PINES FL 33024
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/02/1997

4. FEI Number

65-0778727

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**KALIS, NEAL R
7320 GRIFFIN RD., STE. 109
DAVIE 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, ROBERT H	
STREET ADDRESS	1800 N. DOUGLAS RD., STE. 200	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LEGG, ROBERT P	
STREET ADDRESS	1800 N. DOUGLAS RD., STE. 200	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HART, KEVIN M	
STREET ADDRESS	1800 N. DOUGLAS RD., STE. 200	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	JOHN, DAVID L	
STREET ADDRESS	1800 N. DOUGLAS RD., STE. 200	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	CRAIG LOJEWSKI	
STREET ADDRESS	1800 N DOUGLAS RD #104	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROSANA CORDOVA	
STREET ADDRESS	1800 N DOUGLAS RD #200	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRAIG LOJEWSKI

3/3/99

954 442 3433

CR2E034 (11/98)

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