2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
04-28-2001 90092 045 ***150.00

C00053959

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000049641

1. Entity Name
INTRALINK, INC.

Principal Place of Business	Mailing Address
~~1800 N DOUGLAS RD #104~~	~~1800 N DOUGLAS RD #104~~
PEMBROKE PINES FL 33024	PEMBROKE PINES FL 33024
US	US

2. Principal Place of Business	3. Mailing Address
1239 E NEWPORT CENTER DR.	1239 E NEWPORT CENTER DR.
Suite, Apt. #, etc.: SUITE 115	Suite, Apt. #, etc.: SUITE 115
City & State: DEERFIELD BEACH, FL	City & State: DEERFIELD BEACH, FL
Zip: 33442 / Country: USA	Zip: 33442 / Country: USA

4. FEI Number 65-0778727 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KALIS, NEAL R 7320 GRIFFIN RD., STE. 109 DAVIE FL 33314	Name: CRAIG LOJEWSKI Street Address (P.O. Box Number is Not Acceptable): 1239 E NEWPORT CENTER DR. SUITE 115 City: DEERFIELD BEACH FL Zip Code: 33442

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.

SIGNATURE: CRAIG LOJEWSKI, PRESIDENT 4/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: MILLER, ROBERT H STREET ADDRESS: 1800 N. DOUGLAS RD., STE. 200 CITY-ST-ZIP: PEMBROKE PINES FL 33024	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: DVP NAME: LEGG, ROBERT P STREET ADDRESS: 1800 N. DOUGLAS RD., STE. 200 CITY-ST-ZIP: PEMBROKE PINES FL 33024	☐ Delete	TITLE: Address change NAME: 9900 S.W. 23 Street STREET ADDRESS: Davie, Fl. 33324 CITY-ST-ZIP:	☒ Change ☐ Addition
TITLE: DS NAME: HART, KEVIN M STREET ADDRESS: 1800 N. DOUGLAS RD., STE. 200 CITY-ST-ZIP: PEMBROKE PINES FL 33024	☐ Delete	TITLE: Address change NAME: 1705 N. 41 Ave. STREET ADDRESS: Hollywood, Fl. 33021 CITY-ST-ZIP:	☒ Change ☐ Addition
TITLE: DVP NAME: JOHN, DAVID L STREET ADDRESS: 1800 N. DOUGLAS RD., STE. 200 CITY-ST-ZIP: PEMBROKE PINES FL 33024	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: P NAME: CRAIG LOJEWSKI STREET ADDRESS: 1800 N DOUGLAS RD #104 CITY-ST-ZIP: PEMBROKE PINES FL 33024	☐ Delete	TITLE: DP NAME: CRAIG LOJEWSKI STREET ADDRESS: 12682 NW 11 PLACE CITY-ST-ZIP: SUNRISE, FL 33323	☒ Change ☐ Addition
TITLE: T NAME: ROSANA CORDOVA STREET ADDRESS: 1800 N DOUGLAS RD #200 CITY-ST-ZIP: PEMBROKE PINES FL 33024	☐ Delete	TITLE: Address change NAME: 741 N.W. 174 Terrace STREET ADDRESS: Pembroke Pines, Fl. 33029 CITY-ST-ZIP:	☒ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG LOJEWSKI 4/23/01 9544261388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)