


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

09-15-2003 90155 048 \*\*\*150.00

<b>DOCUMENT # F01000004809</b>			
1. Entity Name <b>TCH INTERNATIONAL, INC.</b>			
Principal Place of Business <b>1979 LESLIE STREET TORONTO, ONTARIO M3B 2M3</b>		Mailing Address <b>1979 LESLIE STREET TORONTO, ONTARIO M3B 2M3</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>90-0002906</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
FL			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$550.00</b> After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NEFSKY, ALVIN L 1979 LESLIE ST. TORONTO ONTARIO M3B 2M3</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V NEFSKY, DEBRA 1979 LESLIE ST. TORONTO ONTARIO M3B 2M3</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address with no other listing provided.			
SIGNATURE: <b>SIGNATURE REQUIRED</b>		Date: <b>August 11, 2003</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (4/03)

Attachment# 80148203  
~~TCH INTERNATIONAL~~

F01000004809

Professional Receivables Management Services  
1979 Leslie St. Toronto, ON Canada M3B 2M3  
Tel: (416) 447-0060 1-800-276-1475 Fax: (416) 447-5109  
Email: pif@tch.ca

August 11, 2003

Uniform Business Report  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam:

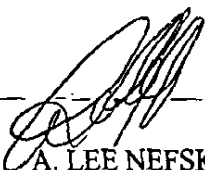
Document# F01000004809 Entity Name: TCH INTERNATIONAL INC.

We are in receipt of the 2003 For Profit Corporation, Uniform Business Report (UBR) to be filed.

This is to advise that the corporation did not receive the prior notice that was due between January 1 and May 1 of this year.

We have now completed the report and have attached the original \$150.00 filing fee.

Thank you in advance for your cooperation in this matter.

  
A. LEE NEFSKY  
CEO