2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # M03000003853

1. Entity Name

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ROADLINK USA NATIONAL, L.L.C.



FILED Mar 25, 2004 08:00 AM Secretary of State

Principal Place of Business

part lace of Eddinicos

1240 WIN DRIVE BETHLEHEM, PA 18017-7061 Mailing Address

1240 WIN DRIVE

BETHLEHEM, PA 18017-7061



01132004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 81-0630902 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Davime Phone #

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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	named entity submits this statement for the purpose of chan ions of registered agent.	nging its registere	ed office or registered agent, or both,	in the State of Florida. I am familiar wi	th, and accept
SIGNATURE		(NOTE: Registere	d Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2004				U00000096477	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR SORROW, RON 1240 WIN DRIVE BETHLEHEM, PA 180177061	-	172		**************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST PFLEGHAR, DAVE 1240 WIN DRIVE BETHLEHEM, PA 180177061			<u>.</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	HIS SPACE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustoe empowered to execute this report as required by Chapter 608, Florida Statutes.					