2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000003853

1. Entity Name
ROADLINK USA NATIONAL, L.L.C.

Principal Place of Business	Mailing Address
1240 WIN DRIVE BETHLEHEM, PA 18017-7061	1240 WIN DRIVE BETHLEHEM, PA 18017-7061

DO NOT WRITE IN THIS SPACE

01212005No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
81-0630902		Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SORROW, RON
STREET ADDRESS	1240 WIN DRIVE
CITY-ST-ZIP	BETHLEHEM, PA 180177061
TITLE	VPST
NAME	PFLEGHAR, DAVE
STREET ADDRESS	1240 WIN DRIVE
CITY-ST-ZIP	BETHLEHEM, PA 180177061
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000272087
03/21/05-80072-019 50.00

DO NOT WRITE IN THIS SPACE

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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 2/10/2005   281-586-2242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #