

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003853

FILED
Aug 24, 2007
Secretary of State

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

Current Principal Place of Business:

1240 WIN DRIVE
BETHLEHEM, PA 180177061

New Principal Place of Business:

Current Mailing Address:

1240 WIN DRIVE
BETHLEHEM, PA 180177061

New Mailing Address:

FEI Number: 81-0630902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SORROW, RON
Address: 1240 WIN DRIVE
City-St-Zip: BETHLEHEM, PA 180177061

Title: VPST () Delete
Name: PFLEGHAR, DAVE
Address: 1240 WIN DRIVE
City-St-Zip: BETHLEHEM, PA 180177061

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MUNRO, CHRISTOPHER
Address: 1240 WIN DRIVE
City-St-Zip: BETHLEHEM, PA 180177061

Title: VPST (X) Change () Addition
Name: FORNASIERO, MARK
Address: 1240 WIN DRIVE
City-St-Zip: BETHLEHEM, PA 180177061

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK FORNASIERO

VPST

08/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date