

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90039 019 ***150.00

DOCUMENT # 255080 ✓
1. Entity Name TSFL HOLDING CORPORATION
(FORMERLY ADS HOLDING CORP)

DO NOT WRITE IN THIS SPACE

427482

2. Principal Place of Business
6805 ROUTE 202
Suite, Apt. #, etc.
City & State
NEW HOPE
Zip
PA Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

4. FEI Number
59-0954868
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
CT CORP. SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND RD
City
PLANTATION FL Zip Code
33324

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

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P.C
GABRIEL BATTISTA
12020 SUNRISE VALLEY DR
RESTON, VA 20191

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V.D
THOMAS WALSH
6805 ROUTE 202
NEW HOPE, PA 18938

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S.D
ALOYSIUS T. LAWN, IV
6805 ROUTE 202
NEW HOPE, PA 18938

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T.D
EDWARD MEYERORD
6805 ROUTE 202
NEW HOPE, PA 18938

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas M. Walsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02

Date

(715) 862-1500

Daytime Phone #

CR2E034B (12/01)