2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 255680

1. Entity Name
TSFL HOLDING CORPORATION

Principal Place of Business	Mailing Address
6805 ROUTE 202 NEW HOPE, PA 18938 US	6805 ROUTE 202 NEW HOPE, PA 18938 US

07252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0954868
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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)

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CFO
NAME	ZAHKA, DAVID G
STREET ADDRESS	6805 ROUTE 202
CITY-ST-ZIP	NEW HOPE, PA 18938
TITLE	SD
NAME	LAWN, ALOYSIUS T IV
STREET ADDRESS	6805 ROUTE 202
CITY-ST-ZIP	NEW HOPE, PA 18938
TITLE	P
NAME	MEYERCORD, EDWARD
STREET ADDRESS	6805 ROUTE 202
CITY-ST-ZIP	NEW HOPE, PA 18938
TITLE	VD
NAME	WALSH, THOMAS
STREET ADDRESS	6805 ROUTE 202
CITY-ST-ZIP	NEW HOPE, PA 18938
TITLE	EVP
NAME	EARHART, JEFFREY
STREET ADDRESS	2704 ALT 19 NORTH
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	EVP
NAME	BRASSELLE, WARREN
STREET ADDRESS	12020 SUNRISE VALLEY DRIVE
CITY-ST-ZIP	RESTON, VA 20190

U00000575133
08/24/06-80001-022 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 asterisk, with all other like empowered.

SIGNATURE: _____ 4-1-06 215-862-6879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #