

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90074 038 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 828839**  
 1. Corporation Name  
 Transport Interantional Pool Inc

Principal Place of Business 426 W Lancaster Ave Devon PA 19333	Mailing Address 426 W Lancaster Ave Devon PA 19333
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		10/13/1972		22-1616203		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		\$6.75 Additional Fee Required	
22		27		<input type="checkbox"/>		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25		29	
Zip		Country		Zip		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T Corporation System 1200 S Pine Island Road Plantation FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			
				85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	Asst Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald R. McKenna	1.2 NAME	Lauren Geddes
STREET ADDRESS	426 W Lancaster Ave	1.3 STREET ADDRESS	426 W Lancaster Ave
CITY - ST - ZIP	Devon PA 19333	1.4 CITY - ST - ZIP	Devon PA 19333
TITLE	Vice Pres/Sec <input type="checkbox"/> DELETE	2.1 TITLE	Asst Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James T Breedlove	2.2 NAME	Marc Frohman
STREET ADDRESS	426 Lancaster Avenue	2.3 STREET ADDRESS	426 Lancaster Ave
CITY - ST - ZIP	Devon PA 19333	2.4 CITY - ST - ZIP	Devon PA 19333
TITLE	VP/Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger Millay	3.2 NAME	
STREET ADDRESS	426 W Lancaster Ave	3.3 STREET ADDRESS	
CITY - ST - ZIP	Devon Pa 19333	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	Director <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stewart Koenigsberg	6.2 NAME	
STREET ADDRESS	426 W Lancaster Ave	6.3 STREET ADDRESS	
CITY - ST - ZIP	Devon PA 19333	6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lauren Geddes  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/29/99 Daytime Phone # \_\_\_\_\_

CR2E034 (10/97)