


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 828839	
1. Entity Name TRANSPORT INTERNATIONAL POOL, INC.	

Principal Place of Business 426 W LANCASTER AVE DEVON, PA 19333 US	Mailing Address 426 W LANCASTER AVE DEVON, PA 19333 US
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DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-1616203	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. 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 _____ (NOTE: Registered Agent's signature required when registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

04/12/04-80074-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS BUTLER-GILES, TRACIE 426 W LANCASTER AVE DEVON, PA 19333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARPER, ARTHUR H 120 LONG RIDGE RD STAMFORD, CT 069270001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPT TOWE, MICHAEL W 426 W LANCASTER AVENUE DEVON, PA 19333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P THOMAS, MARTIN 426 W LANCASTER AVE DEVON, PA 19333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOWE, MICHAEL W 426 W LANCASTER AVE DEVON, PA 19333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC FROHMAN 4/7/04 610 6486469
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #