

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 28, 2007  
Secretary of State**

DOCUMENT# 828839

Entity Name: TRANSPORT INTERNATIONAL POOL, INC.

**Current Principal Place of Business:**

530 E SWEDESFORD RD  
WAYNE, PA 19087 US

**New Principal Place of Business:**

**Current Mailing Address:**

530 E SWEDESFORD RD  
WAYNE, PA 19087 US

**New Mailing Address:**

FEI Number: 22-1616203      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: SVS ( ) Delete  
Name: BRADLEY-COAR, ALFREDA  
Address: 530 E SWEDESFORD RD  
City-St-Zip: WAYNE, PA 19087

Title: D ( ) Delete  
Name: REIF, DEBORAH M  
Address: 120 LONG RIDGE RD  
City-St-Zip: STAMFORD, CT 069270001

Title: SVT ( ) Delete  
Name: HOELTZEL, MARY  
Address: 530 E SWEDESFORD RD  
City-St-Zip: WAYNE, PA 19087

Title: P ( ) Delete  
Name: ARTUSO, JOSEPH J  
Address: 530 E SWEDESFORD RD  
City-St-Zip: WAYNE, PA 19087

Title: D (X) Delete  
Name: ARTUSO, JOSEPH  
Address: 530 E. SWEDESFORD RD  
City-St-Zip: WAYNE, PA 19087

Title: D (X) Delete  
Name: HOELTZEL, MARY  
Address: 530 E. SWEDESFORD RD  
City-St-Zip: WAYNE, PA 19087

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SVS (X) Change ( ) Addition  
Name: HENDERSON, CHRISTAL D  
Address: 530 E SWEDESFORD RD  
City-St-Zip: WAYNE, PA 19087

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN A. (JON) RYAN

V

08/28/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date