


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90015 033 ***150.00

DOCUMENT # 828839 1. Entity Name TRANSPORT INTERNATIONAL POOL, INC.	
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Principal Place of Business 530 E SWEDESFORD RD WAYNE, PA 19087 US	Mailing Address 530 E SWEDESFORD RD WAYNE, PA 19087 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	04232008	Chg-P	CR2E034 (12/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 22-1616203		
City & State	City & State	Applied For Not Applicable		
Zip	Country	Zip	Country	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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE	SVS HENDERSON, CHRISTAL D	<input type="checkbox"/> Delete
STREET ADDRESS	530 E SWEDESFORD RD	
CITY-ST-ZIP	WAYNE, PA 19087	
TITLE	D REIF, DEBORAH M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	120 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD, CT 069270001	
TITLE	SVT HOELTZEL, MARY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	530 E SWEDESFORD RD	
CITY-ST-ZIP	WAYNE, PA 19087	
TITLE	P ARTUSO, JOSEPH J	<input type="checkbox"/> Delete
STREET ADDRESS	530 E SWEDESFORD RD	
CITY-ST-ZIP	WAYNE, PA 19087	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO Shiladitya Ray	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	530 E. Swedesford Rd.	
CITY-ST-ZIP	Wayne, PA 19087	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 address, with all other like empowered.

SIGNATURE:  **4/24/08** **4184-254-0207**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #