

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90097 047 ***150.00

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**

10053404



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **22-1616203**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DEANGELO, JOSEPH J	
STREET ADDRESS	426 W LANCASTER AVENUE,	
CITY-ST-ZIP	DEVON PA 19333	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	BREEDLOVE, JAMES	
STREET ADDRESS	426 W LANCASTER AVE	
CITY-ST-ZIP	DEVON PA 19333	
TITLE	SVPT	<input type="checkbox"/> Delete
NAME	TOWE, MICHAEL W	
STREET ADDRESS	426 W LANCASTER AVENUE	
CITY-ST-ZIP	DEVON PA 19333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tracie Butler-Giles	
STREET ADDRESS	426 W. Lancaster Ave	
CITY-ST-ZIP	Devon, PA 19333	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur H. Harper	
STREET ADDRESS	120 Long Ridge Rd.	
CITY-ST-ZIP	Stamford CT 06927-0001	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin Thomas	
STREET ADDRESS	426 W. Lancaster Ave.	
CITY-ST-ZIP	Devon, PA 19333	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael W. Towe	
STREET ADDRESS	426 W. Lancaster Ave.	
CITY-ST-ZIP	Devon, PA 19333	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE REMARZET Frohman 3-26-03 610-648-6469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (10/02)