## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000004919

FILED Feb 07, 2004 Secretary of State

Entity Na	me: TELEFLE	X AUTOMOTIVE INCORPORA	ATED			
Current Principal Place of Business:				New Principal Place of Business:		
155 SOUTH LIMERICK ROAD LIMERICK, PA 194621699				AILMATE DRIV DTA, FL 34243	E US	
Current Mailing Address:				New Mailing Address:		
155 SOUTH LIMERICK ROAD LIMERICK, PA 194621699				155 SOUTH LIMERICK ROAD LIMERICK, PA 19468		
FEI Number	: 81-0633152	FEI Number Applied For()	FEI Number Not Ap	oplicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1201 HAY	ATION SERVIC S STREET SSEE, FL 3230					
	named entity s e of Florida.	submits this statement for the p	ourpose of changing	g its registered	office or registered agent, or both,	
SIGNATUI	RE:					
	Electron	ic Signature of Registered Age	ent		Date	
Election Car	mpaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CHANCE, STEV 630 W. GERMA	Delete /EN NTOWN PIKE, STE. 450 :ETING, PA 19462	Title: Name: Address: City-St-Zip	CHANCE, STE 155 S. LIMER	ICK ROAD	
Title: Name: Address: City-St-Zip:	IWASIUK, ORE 630 W. GERMA	Delete ST NTOWN PIKE, STE. 450 ETING, PA 19462	Title: Name: Address: City-St-Zip	IWASIUK, ORI 155 S. LIMER	ICK ROAD	
Title: Name: Address: City-St-Zip:	BLACK, JEFF 630 W. GERMA	Delete NTOWN PIKE, STE. 450 ETING, PA 19462	Title: Name: Address: City-St-Zip	BLACK, JEFFI 155 S. LIMER	ICK ROAD	
Title:	T ()	Delete	Title:	T ()	X) Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

155 S. LIMERICK ROAD

(X) Change ( ) Addition

LIMERICK, PA 19468

SCHWARTZ, JOAN W

LIMERICK, PA 19468

155 S. LIMERICK ROAD

SIGNATURE: JOAN W. SCHWARTZ AS 02/07/2004

630 W. GERMANTOWN PIKE, STE. 450

630 W. GERMANTOWN PIKE, STE, 450

PLYMOUTH MEETING, PA 19462

( ) Delete

PLYMOUTH MEETING, PA 19462

SCHWARTZ, JOAN

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip: