2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002350

Entity Name: E-TRAVCO, INC.

FILED Apr 02, 2007 Secretary of State

Ourse A Drive in al Disease of Dustiness			Navy Duina	New Principal Place of Business:		
			New Princ	ipal Place of Business:		
100 OAKWOOD AVE SUITE 100 STATE COLLEGE, PA 16803						
Current Mailing Address:			New Mailii	New Mailing Address:		
100 OAKWOOD AVE SUITE 100 STATE COLLEGE, PA 16803						
FEI Number:	25-1867547	FEI Number Applied For ()	FEI Number Not Appli	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name a				Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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			t	Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PASQUINELLI 100 OAKWOO) Delete , D. B RENT D AVENUE, SUITE 100 :GE, PA 16803	Title: Name: Address: City-St-Zip:	DP (X) Change () Addition PASQUINELLI, D. BRENT 100 OAKWOOD AVENUE, SUITE 100 STATE COLLEGE, PA 16803		
Title: Name: Address: City-St-Zip:	NICHOLAS, HE 210 W. HAMIL		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (MISUNAS, WII 2332 KUNSMA QUAKERTOW	N ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SUPINA, RICH 100 OAKWOO) Delete ARD D AVENUE SUITE 100 GE, PA 16803	Title: Name: Address: City-St-Zip:	D (X) Change () Addition RODNEY, JOHN ONE OXFORD CENTRE, 301 GRANT ST PITTSBURGH, PA 15219		
Title: Name: Address: City-St-Zip:	PECK, GENE) Delete REET, SUITE 200 , PA 17101	Title: Name: Address: City-St-Zip:	D (X) Change () Addition PECK, GENE 132 STATE STREET, SUITE 200 HARRISBURG, PA 17101		
Title: Name: Address: City-St-Zip:	POOLE, ROBE 800 SCIENCE		Title: Name: Address: City-St-Zip:	D (X) Change () Addition POOLE, ROBERT 2121 OLD GATESBURG RD STATE COLLEGE, PA 16803		
I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM MISUNAS D 04/02/2007