

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F06000001218

1. Entity Name
PT2 HOLDINGS INC.



Principal Place of Business
1300 MARKET ST.
SUITE 504
WILMINGTON, DE 19801

Mailing Address
1300 MARKET ST.
SUITE 504
WILMINGTON, DE 19801

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0787133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUTHERLAND, ALLAN C 1300 MARKET ST., SUITE 504 WILMINGTON, DE 19801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MURTAUGH, KATHLEEN 1300 MARKET ST., SUITE 504 WILMINGTON, DE 19801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD KOHOUT, LINDA 1300 MARKET ST., SUITE 504 WILMINGTON, DE 19801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD MCGOVERN, PHILLIP J 1300 MARKET ST., SUITE 504 WILMINGTON, DE 19801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YALE, BETH 1300 MARKET ST., SUITE 504 WILMINGTON, DE 19801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/22/08-80008-019 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-14-08 847 724 7600