

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003966

FILED  
Apr 25, 2011  
Secretary of State

Entity Name: TRAVEL TURF, INC.

**Current Principal Place of Business:**

7540 WINDSOR DR  
STE 202  
ALLENTOWN, PA 18195 US

**New Principal Place of Business:**

**Current Mailing Address:**

7540 WINDSOR DR  
STE 202  
ALLENTOWN, PA 18195 US

**New Mailing Address:**

FEI Number: 23-2110766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 32819 US

**Name and Address of New Registered Agent:**

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

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: RALPH, BROWN R  
Address: 334 RIDGE AVENUE  
City-St-Zip: NEWTOWN, PA 18940 US

Title: S  
Name: POOLE, WILLIAM M  
Address: 201 17TH STREET NW, SUITE 1700  
City-St-Zip: ATLANTA, GA 30363 US

Title: DC  
Name: IRWIN, WILLIAM  
Address: 8 ESSEX CENTER DRIVE  
City-St-Zip: PEABODY, MA 09160

Title: VPT  
Name: SULZER, CHARLENE  
Address: 7540 WINDSOR DR, SUITE 202  
City-St-Zip: ALLENTOWN, PA 18195

Title: A  
Name: LUKE, KAREN  
Address: 93 NORTH PARK PLACE BLVD.  
City-St-Zip: CLEARWATER, FL 33759

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM M. POOLE

S

04/25/2011

Electronic Signature of Signing Officer or Director

Date