

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09092005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F97000003986</b> 1. Entity Name <b>TRAK COMMUNICATIONS INC.</b>					
Principal Place of Business <b>4902 EISENHOWER BLVD STE 155 TAMPA, FL 33634</b>			Mailing Address <b>4902 EISENHOWER BLVD STE 155 TAMPA, FL 33634</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3436098</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name <b>CT Corporation System</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b> City <b>Plantation</b>	
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;">           SIGNATURE <i>Connie Bryan</i>  <small>Signature, typed or printed name of registered agent and use if applicable</small> </div> <div style="width: 40%; text-align: center;"> <b>CONNIE BRYAN</b>  <b>SPECIAL ASSISTANT SECRETARY</b> </div> <div style="width: 20%; text-align: right;">           DATE <b>9/12/2005</b> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVAS BRANCA, MICHAEL 4902 EISENHOWER BLVD SUITE 155 TAMPA, FL 33634		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE SEE ATTACHED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCKEON, ROBERT B 660 MADISON AVE., 14TH FL. NEW YORK, NY 10021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE SEE ATTACHED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 09/20/05--01054--011 ***150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S CAMPBELL, THOMAS J 660 MADISON AVE., 14TH FL. NEW YORK, NY 10021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE SEE ATTACHED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MUSALLAM, RAMZI 660 MADISON AVENUE 14TH FLOOR NEW YORK, NY 10021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE SEE ATTACHED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, MICHAEL M 4902 EISENHOWER BLVD SUITE 155 TAMPA, FL 33634		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE SEE ATTACHED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 or without other like empowered.					
SIGNATURE: <i>Michael J. Pedrick</i> <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			09/09/2005 215.963.4808 <small>Date Daytime Phone #</small>		

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**TRAK COMMUNICATIONS INC.**

**OFFICERS:**

NAME	TITLE	BUSINESS ADDRESS
Paul Cox	Chairman	36-38 Waterloo Road London NW2 7UH
Walter E. Orme	Treasurer	101 Lindenwood Drive, Suite 125 Malvern, PA 19355
Michael J. Pedrick	Secretary	1701 Market Street Philadelphia, PA 19103
David Kuckelman	Assistant Secretary	20501 Seneca Meadows Parkway Germantown, MD 20876
Ryan Roney	Assistant Secretary	20501 Seneca Meadows Parkway Germantown, MD 20876

**DIRECTORS:**

NAME	BUSINESS ADDRESS
Paul Cox	36-38 Waterloo Road London NW2 7UH
David Kuckelman	20501 Seneca Meadows Parkway Germantown, MD 20876