

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M01000002592

1. Entity Name
PERSONNEL CO. I LLC



Principal Place of Business
C/O STARFIRE HOLDING CORPORATION
100 SOUTH BEDFORD RD STE 210
MT. KISCO, NY 10549

Mailing Address
C/O STARFIRE HOLDING CORPORATION
100 SOUTH BEDFORD RD STE 210
MT. KISCO, NY 10549

2. Principal Place of Business - No P.O. Box #
c/o Starfire Holding Corporation
Suite, Apt. #, etc.
445 Hamilton Ave, Suite 210
City & State
White Plains, NY
Zip 10601
Country U.S.A.

3. Mailing Address
c/o Starfire Holding Corporation
Suite, Apt. #, etc.
445 Hamilton Ave. Suite 210
City & State
White Plains, NY
Zip 10601
Country U.S.A.

04172007 Chg-LLC CR2E083 (12/06)

4. FEI Number 13-4200450	Applied For
	Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL Zip Code

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 restating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ICAHN, CARL C 767 5TH AVENUE STE 4700 NEW YORK, NY 10153	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATTNER, EDWARD E 767 5TH AVENUE STE 4700 NEW YORK, NY 10153	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BLEZNICK, JORDAN 767 5TH AVENUE SUITE 4700 NEW YORK, NY 10153	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COZZA, KEITH 767 5TH AVE STE 4700 NEW YORK, NY 10153	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/19/07 (914)614-7000

Date

Daytime Phone #

04-25-2007 90042 034 ****50.00

60040517

