

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # M01000002592

1. Entity Name
PERSONNEL CO. I LLC



Principal Place of Business

C/O STARFIRE HOLDING CORPORATION
445 HAMILTON AVE SUITE 1210
WHITE PLAINS, NY 10601

Mailing Address

C/O STARFIRE HOLDING CORPORATION
445 HAMILTON AVE SUITE 1210
WHITE PLAINS, NY 10601



01232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**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 \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ICAHN, CARL C
STREET ADDRESS 767 5TH AVENUE STE 4700
CITY-ST-ZIP NEW YORK, NY 10153

TITLE VP
NAME MATTNER, EDWARD E
STREET ADDRESS 767 5TH AVENUE STE 4700
CITY-ST-ZIP NEW YORK, NY 10153

TITLE VT
NAME BLEZNICK, JORDAN
STREET ADDRESS 767 5TH AVENUE SUITE 4700
CITY-ST-ZIP NEW YORK, NY 10153

TITLE VP
NAME COZZA, KEITH
STREET ADDRESS 767 5TH AVE STE 4700
CITY-ST-ZIP NEW YORK, NY 10153

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000950010
06/03/08-80050-012 138.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/29/08 (914)614-7000

Date

Daytime Phone #