


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90181 005 ****50.00

DOCUMENT # M02000002063 1. Entity Name INTERNATIONAL FILING COMPANY, LLC					
Principal Place of Business 5 GREAT VALLEY PKWY SUITE 334 MALVERN, PA 19355			Mailing Address 5 GREAT VALLEY PKWY SUITE 334 MALVERN, PA 19355		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 68-0509423	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IFC FILING LLC 2 TABAS LANE EXTON, PA 19341		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5 GREAT VALLEY PKWY, SUITE 334 MALVERN PA 19355	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMPITELLO, JOSEPH L 2 TABAS LN EXTON, PA 19341		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5 GREAT VALLEY PKWY, SUITE 334 MALVERN PA 19355	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOJNACKI, PATRICK J 2 TABAS LN EXTON, PA 19341		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5 GREAT VALLEY PKWY, SUITE 334 MALVERN PA 19355	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRUITT, WILLIAM J JR 2 TABAS LN EXTON, PA 19341		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5 GREAT VALLEY PKWY, SUITE 334 MALVERN PA 19355	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VOGELEY, CHARLES W 2 TABAS LN EXTON, PA 19341		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5 GREAT VALLEY PKWY, SUITE 334 MALVERN PA 19355	
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	
11. 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 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: <i>Charles W Vogeley</i> CHARLES W VOGLEY			1/5/5 610-648-3990		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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01052005 Chg-LLC CR2E083 (10/03)