2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002063

City-St-Zip: MALVERN, PA 19355

Entity Name: INTERNATIONAL FILING COMPANY, LLC

FILED Jan 04, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
Junenti	imerpar i iace	or Business.	New I IIII	ipai i iac	t of business.
	VALLEY PKWY	,			
SUITE 334 MAI VERN	+ N, PA 19355				
,			New Mailing Address:		
Current Mailing Address:			New Mailing Address.		
	VALLEY PKWY	•			
SUITE 334	4 N, PA 19355				
FEI Number	: 68-0509423	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and	Address	of New Registered Agent:
1200 SOU	PORATION SYS ITH PINE ISLAN ION, FL 33324	ND ROAD			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing	its register	ed office or registered agent, or both
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent		Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title:	MGRM ()	Delete	Title:		() Change () Addition
Name:	IFC FILING LLC		Name:		(, =) = (,
Address:		EY PKWY STE 334	Address:		
City-St-Zip:	MALVERN, PA	19355	City-St-Zip:		
Title:	MGR ()	Delete	Title:	MRG	(X) Change () Addition
Name:	COMPITELLO,	JOSEPH L	Name:	COERPER	R, PHILIP
Address:		EY PKWY STE 334	Address:	5370 HIGHWAY 42	
City-St-Zip:	MALVERN, PA	19355	City-St-Zip:	HATTIESB	URG, MS 39401
Title:	MGR ()	Delete	Title:		() Change () Addition
Name:	HOJNACKI, PAT	TRICK J	Name:		
Address:	5 GREAT VALLI	EY PKWY STE 334	Address:		
City-St-Zip:	MALVERN, PA	19355	City-St-Zip:		
Title:	MGR (X)	Delete	Title:		() Change () Addition
Name:	PRUITT, WILLIA	AM J JR	Name:		
Address:		EY PKWY STE 334	Address:		
City-St-Zip:	MALVERN, PA	19355	City-St-Zip:		
Title:	MGR ()	Delete	Title:		() Change () Addition
Name:	VOGELEY, CHA	RLES W	Name:		
Address:	5 GREAT VALLE	EY PKWY STE 334	Address:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: CHARLES W VOGELEY MGR 01/04/2006