2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

2 TABAS LANE

EXTON PA 19341

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

DOCUMENT # M02000002063

Country

C T CORPORATION SYSTEM

6. Name and Address of Current Registered Agent

2 TABAS LANE **EXTON PA 19341**

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

INTERNATIONAL FILING COMPANY, LLC



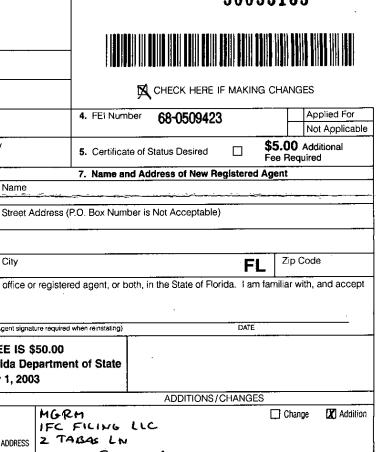
Country

Name

FILED Apr 15, 2003 8:00 am Secretary of State

04-15-2003 90029 038 ****50.00

20022102



1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street A	Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code	9
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its re	egistered office or	registered agent, or both, in the State of Flo	orida. I am far	niliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: f	Registered Agent signat	ure required when reinstating)	DATE		·
		Wake Check Payable	W!!! FEE IS \$ to Florida De By May 1, 200	partment of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALTERS, KENNETH 2 TABAS LANE EXTON PA 19341	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IFC FILING LLC 2 TABAS LN EXTON PA 19341	Ţ] Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSEPH L COMPITELLO Z TABAS LN Exton PA 19361	[_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATRICK J HOJNACKI 2 TABAS LN EXTON PA 19341		Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAM J. PRUITT JR 2 TABAS LN EXTON PA 19361		_ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHARLES W. VOGELEY 2 TABAS LN EXTON BA 19341	[Change	☆ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	d 1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ted in Section 119.07(3)(i), Florida Statutes.		Change	☐ Addition

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.