

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-18-2005 90181 004 ****50.00

DOCUMENT # M02000002066

1. Entity Name
IFC FILING, 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

20002398



01052005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
68-0509423

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 MGRM
NAME THE CIT GROUP/EQUITY INVESTMENTS, INC. ☒ Delete
STREET ADDRESS 1 CIT DRIVE, SUITE 3322-1
CITY-ST-ZIP LIVINGSTON, NJ 07039

TITLE MGRM
NAME PROTOSTAR EQUITY PARTNERS LP ☐ Change ☒ Addition
STREET ADDRESS 13-15 WEST 54TH ST, 4TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10019

TITLE MGRM
NAME HOJNACKI, PATRICK J ☐ Delete
STREET ADDRESS 1323 FIELDPOINT DR
CITY-ST-ZIP WEST CHESTER, PA 19382

TITLE MGRM
NAME ARGOZY INVESTMENT PARTNERS II LP ☐ Change ☒ Addition
STREET ADDRESS 950 WEST VALLEY RD, SUITE 2900
CITY-ST-ZIP WAYNE PA 19087

TITLE MGRM
NAME MAHONEY, GERALD F ☒ Delete
STREET ADDRESS 266 COOK ST
CITY-ST-ZIP DENVER, CO 80206

TITLE MGRM
NAME TRANS AMERICA LIFE INSURANCE COMPANY ☐ Change ☒ Addition
STREET ADDRESS 400 WEST MARKET ST, 10TH FLOOR
CITY-ST-ZIP LOUISVILLE KY 40202

TITLE MGRM
NAME MAHONEY, GERALD F ☐ Delete
STREET ADDRESS 266 COOK ST.
CITY-ST-ZIP DENVER, CO 80206

TITLE MGRM
NAME MAHONEY, GERALD F ☒ Change ☐ Addition
STREET ADDRESS 17101 ROYAL COVE WAY
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE MGRM
NAME COMPITELLO, JOSEPH L ☐ Delete
STREET ADDRESS 1309 JACOB DR
CITY-ST-ZIP MORRISVILLE, PA 19067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME PRUITT, WILLIAM J ☐ Delete
STREET ADDRESS 611 S RIDGEWAY AVE
CITY-ST-ZIP GLENOLDEN, PA 19036

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 of 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

Date

Daytime Phone #

1/5/5

610-642-3990