2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002066

Entity Name: IFC FILING, LLC

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5370 HIGHWAY 42 HATTIESBURG, MS 39401 LIS **Current Mailing Address: New Mailing Address:** PO BOX 15789 HATTIESBURG, MS 39404 US FEI Number: 68-0509423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PROTOSTAR EQUITY PAR, TNERS LP Name: Name: 13-15 WEST 54TH ST 4TH FLOOR Address: Address: City-St-Zip: NEW YORK, NY 10019 City-St-Zip: Title: CFO () Delete Title: () Change () Addition STONE, JERRY A Name: Name: Address: 5370 HIGHWAY 42 Address: City-St-Zip: HATTIESBURG, MS 39401 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ARGOSY INVESTMENTS P, ARTNERS II LP Name: Name: 950 WEST VALLEY RD STE 2900 Address: Address: City-St-Zip: **WAYNE, PA 19087** City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MAHONEY, GERALD F Name: Name: Address: 17101 ROYAL COVE WAY Address: BOCA RATON, FL 33496 City-St-Zip: City-St-Zip: Title: CEO () Delete Title: () Change () Addition COERPER, PHILIP Name: Name: 5370 HIGHWAY 42 Address: Address: City-St-Zip: HATTIESBURG, MS 39401 City-St-Zip: Title: () Delete Title: () Change () Addition TRANSAMERICA LIFE IN, SURANCE COMPAN Y Name: Name: Address: 400 WEST MARKET ST., 10TH FLOOR Address: LOUISVILLE, KY 40202 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JERRY A. STONE CFO 01/21/2009