

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90744 046 \*\*\*\*50.00

**DOCUMENT # M02000002066**



1. Entity Name

**IFC FILING, LLC**

Principal Place of Business

**2 TABAS LANE  
EXTON PA 19341**

Mailing Address

**2 TABAS LANE  
EXTON PA 19341**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **PATRICK J. HOJNACKI**  
STREET ADDRESS **1323 FIELDPOINT DR**  
CITY-ST-ZIP **WEST CHESTER PA 19382**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **GERALD F MAHONEY**  
STREET ADDRESS **266 COOK ST.**  
CITY-ST-ZIP **DENVER CO 80206**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **JOSEPH L. COMPITELLO**  
STREET ADDRESS **1309 JACOB DR**  
CITY-ST-ZIP **YARLEY PA 19067**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **WILLIAM J PRUITT JR**  
STREET ADDRESS **611 S. RIDGELAY AVE**  
CITY-ST-ZIP **GLENOLDEN PA 19036**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **ARGOSY INVESTMENT PARTNERS II LP**  
STREET ADDRESS **950 W. VALLEY RD, SUITE 2902**  
CITY-ST-ZIP **WAYNE PA 19087**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **TRANSAMERICA LIFE INSURANCE COMPANY**  
STREET ADDRESS **4333 EDGEWOOD RD NE**  
CITY-ST-ZIP **CEDAR RAPIDS IA 52499**

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** *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **CONTROLLER**

**4/11/3**

**610-363-0900 X213**

CR2E083 (10/02)