

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18908

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** TRANSPORTATION INDUSTRY ASSOCIATION, INC.

**Current Principal Place of Business:**

5890 RODMAN STREET  
HOLLYWOOD, FL 33023

**New Principal Place of Business:**

5890 RODMAN STREET  
HOLLYWOOD, FL 33023 US

**Current Mailing Address:**

5890 RODMAN STREET  
HOLLYWOOD, FL 33023

**New Mailing Address:**

5890 RODMAN STREET  
HOLLYWOOD, FL 33023 US

**FEI Number:** 59-2759019

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERT J. SIEDLECKI, M.D.  
5890 RODMAN ST.  
HOLLYWOOD, FL 33023 US

**Name and Address of New Registered Agent:**

SIEDLECKI, ROBERT J MD  
5890 RODMAN ST.  
HOLLYWOOD, FL 33023 US

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: ROBERT J. SIEDLECKI

04/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: SIEDLECKI, CYNTHIA H PDT  
Address: 5890 RODMAN ST  
City-St-Zip: HOLLYWOOD, FL 33023

Title: D ( ) Delete  
Name: DAVIS, JOHN P D  
Address: 5890 RODMAN ST  
City-St-Zip: HOLLYWOOD, FL 33023

Title: MD ( ) Delete  
Name: SIEDLECKI, ROBERT J MD  
Address: 5890 RODMAN ST.  
City-St-Zip: HOLLYWOOD, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SIEDLECKI, CYNTHIA H D  
Address: 5890 RODMAN ST  
City-St-Zip: HOLLYWOOD, FL 33023 US

Title: D (X) Change ( ) Addition  
Name: DAVIS, JOHN P D  
Address: 5890 RODMAN ST  
City-St-Zip: HOLLYWOOD, FL 33023 US

Title: MD (X) Change ( ) Addition  
Name: SIEDLECKI, ROBERT J MD  
Address: 5890 RODMAN ST.  
City-St-Zip: HOLLYWOOD, FL 33023 US

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. SIEDLECKI

MD

04/08/2009

Electronic Signature of Signing Officer or Director

Date