

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 255680 1. Entity Name TSFL HOLDING CORPORATION	
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Principal Place of Business 6805 ROUTE 202 NEW HOPE, PA 18938 US	Mailing Address 6805 ROUTE 202 NEW HOPE, PA 18938 US
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DO NOT WRITE IN THIS SPACE



07252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0954868	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ZAHKA, DAVID G 6805 ROUTE 202 NEW HOPE, PA 18938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAWN, ALOYSIUS T IV 6805 ROUTE 202 NEW HOPE, PA 18938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYERCORD, EDWARD 6805 ROUTE 202 NEW HOPE, PA 18938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSH, THOMAS 6805 ROUTE 202 NEW HOPE, PA 18938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP EARHART, JEFFREY 2704 ALT 19 NORTH PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BRASSELLE, WARREN 12020 SUNRISE VALLEY DRIVE RESTON, VA 20190

**DO NOT WRITE
IN THIS SPACE**

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08/24/06-80001-022 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-1-06 Date	215-862-6879 Daytime Phone #
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