

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 313143	-	t name of the limited liability company INTERNATIONAL, LLC					
3. State of Formation DE 4. Brief description of the character of the busin			iness which is actually conducted in Rhode Island				
5. Principal office address BLDG ONE, SUITE 200, 100 MATSONFORD RD			City RADNOR	State PA	^{Zip} 19087		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Page 1975 Contact Name JAMIE COSSETTI			NAME OR TITLE OF CONTACT PERSON: Contact Title TAX ACCOUNTANT				
Street Address BLDG ONE, SUITE 200, 100 MATSONFORD RD			City RADNOR	State PA	^{Zip} 19087		
7. NAME AND ADDI			LIABILITY COMPANY, IF AS G ATTACHMENTS ("X" BOX		<u>LIST MEMBERS</u>		
Manager Name JOHN M BALLBACH			Manager Name NICHOLAS W ALEXOS				
Street Address BLDG ONE, SUITE 200, 100 MATSONFORD RD			Street Address BLDG ONE, SUITE 200, 100 MATSONFORD RD				
City RADNOR	State PA	<i>^{Zip}</i> 19087	<i>City</i> RADNOR	State PA	^{Zip} 19087		
Manager Name ROBERT L BARCHI			Manager Name EDWARD A BLECHSCHMIDT				
Street Address BLDG ONE, SUITE 200, 100 MATSONFORD RD			Street Address BLDG ONE, SUITE 200, 100 MATSONFORD RD				
City RADNOR	State PA	^{Zip} 19087	City RADNOR	State PA	^{Zip} 19087		
	T IN RHODE ISLAND urrently of record in the	Office of the Secretary o	f State. Changes require filing o	of Form 642 - R.I.G.L. 7-1	16-11		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

313143

	FILED	
File Date _	·	
Check No.	OCT 0 5 2011	
	21591103	_
FO	R SECRETARY OF STATE USE ONLY	_

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Date

Signature of Authorized Person

9/28/2011

Jamie Cossetti

Additional Managers for ID No: 313143

Thompson Dean	Bldg One, Suite 200	100 Matsonford Rd	Radnor, PA 19087
Robert P. DeCresce	Bldg One, Suite 200	100 Matsonford Rd	Radnor, PA 19087
Carlos del Salto	Bldg One, Suite 200	100 Matsonford Rd	Radnor, PA 19087
Harry M. Jansen Kraemer, Jr.	Bldg One, Suite 200	100 Matsonford Rd	Radnor, PA 19087
Pamela Forbes Lieberman	Bldg One, Suite 200	100 Matsonford Rd	Radnor, PA 19087
Timothy P. Sullivan	Bldg One, Suite 200	100 Matsonford Rd	Radnor, PA 19087
Robert J. Zollars	Bldg One, Suite 200	100 Matsonford Rd	Radnor, PA 19087

