2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

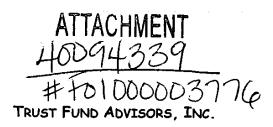
May 01, 2007 8:00 am Secretary of State 05-01-2007 90006 025 ***150.00 DOCUMENT # F01000003776 1. Entity Name TRUST FUND ADVISORS, INC. 40094339 Principal Place of Business Mailing Address 1625 EYE STREET, NW 1625 EYE STREET, NW WASHINGTON, DC 20006 WASHINGTON, DC 20006 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1625 EYE STPEET, NW 1625 EYE STARET, NL Suite, Apt. #, etc. 04032007 CR2F034 (12/06) Cha-P ASHINGTON, DC 4. FEI Number Applied For 52-6435649 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 2000*6* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 CEO TITLE Delete ☐ Change Addition TITLE HEIZBERT A. KOL 1625 EYE STREE WASHINGTON O'SULLIVAN, TERENCE M NAME MARKE 1625 EYE STREET, NW STREET ADDRESS STREET ADDRESS WASHINGTON, DC 20006 CITY-ST-ZIP CITY-ST-ZIP Detete Change Addition TITLE TillE D NAME GREBOW; EDWARD 1625 EYE STREET, NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WASHINGTON, DC 20006 CITY-ST-ZIP Addition Delete TIFLE Change VALENTINE, TERESA E NAME NAME STREET ADDRESS 1625 EYE STREET, NW STREET ADDRESS CITY-ST-ZIP WASHINGTON, DC 20006 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE Addition NAME HUMPHREY, CATHY A NAME STREET ADDRESS 1625 EYE STREET, NW STREET ADDRESS WASHINGTON, DC 20006 CITY-ST-ZIP CITY-ST-ZIP **VPAT** Delete TITLE TITLE Change | Addition KENNEDY, JAMES J NAME NAME STREET ADDRESS 1625 EYE STREET, NW STREET ADDRESS CITY-ST-ZIP WASHINGTON, DC 2006 CITY-ST-ZIP PD TITLE CFOT ☐ Delete TITLE ☐ Addition SINGLETON, MARK E NAME NAME STREET ADDRESS 1625 EYE STREET, NW STREET ADDRESS CITY-ST-ZIP WASHINGTON, DC 20006 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

SISNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED



OFFICERS

NAME

Adam M. Fried Cathy A. Humphrey Herbert A. Kolben Joseph R. Linehan Mark E. Singleton

TITLE

Secretary & Treasurer Chief Compliance Officer VP, Portfolio Manager VP, Portfolio Management President

DIRECTORS

NAME

Cathy A. Humphrey Joseph R. Linehan Mark E. Singleton