


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90025 026 ***150.00

DOCUMENT # F02000002960

1. Entity Name
TRINITY INVESTMENT MANAGEMENT CORPORATION



Principal Place of Business
**4067 GALLAGHER LOOP
 CASSELBERRY, FL 32707**

Mailing Address
**4067 GALLAGHER LOOP
 CASSELBERRY, FL 32707**

2. Principal Place of Business
301 North Spring Street
 Suite, Apt. #, etc.

3. Mailing Address
301 North Spring Street
 Suite, Apt. #, etc.

City & State
Bellefonte, PA

City & State
Bellefonte, PA

Zip
16823

Country
USA

Zip
16823

Country
USA

40010000



01252006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

4. FEI Number
25-1951632

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GALL, BLAKE 301 NORTH SPRING STREET BELLEFONTE, PA 16823 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCO VANDEHEY, MARK 2 WORLD FIN CTR, 225 LIBERTY STREET NEW YORK, NY 10281 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PROPER, LORI 301 NORTH SPRING STREET BELLEFONTE, PA 16823 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUNES, LAMAR 301 NORTH SPRING STREET BELLEFONTE, PA 16823 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MCKENZIE, CHARLES L 10 ST JAMES AVENUE BOSTON, MA 02116 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, JOHN V 2 WORLD FIN CTR, 225 LIBERTY ST NEW YORK, NY 10281 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Aprilante, Janette 2 World Financial Center, 225 Liberty Street New York, NY 10281 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all other like empowered.

SIGNATURE:  **Janette Aprilante** 1/25/06 212-323-0239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40010001



OppenheimerFunds®

OppenheimerFunds Distributor, Inc.
Two World Financial Center
225 Liberty Street, 11th Floor
New York, NY 10281
Tel 212.323.0200

January 25, 2006

By Federal Express

Division of Corporations
P.O. Box 6198
Tallahassee, Florida 32314-6198

Dear Sir or Madam:

Enclosed please find the Annual Report for Trinity Investment Management Corporation and a check for \$150.00 to cover the filing fee. Please file stamp the copy of this letter and return it to me in the self-addressed envelope provided.

If you have any questions, please call (212) 323-5154.

Sincerely,

A handwritten signature in black ink, appearing to be 'KW' with a stylized flourish at the end.

Kenneth Wu

Encl.

COPY



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225 Liberty Street, 11th Floor
New York, NY 10281
Tel 212.323.0200

January 25, 2006

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Division of Corporations
P.O. Box 6198
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Kenneth Wu

Encl.