

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002960

FILED
Mar 08, 2007
Secretary of State

Entity Name: TRINITY INVESTMENT MANAGEMENT CORPORATION

Current Principal Place of Business:

301 NORTH SPRING ST.
BELLEFONTE, PA 16823

New Principal Place of Business:

Current Mailing Address:

301 NORTH SPRING ST.
BELLEFONTE, PA 16823

New Mailing Address:

FEI Number: 25-1951632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VCD () Delete
Name: GALL, BLAKE
Address: 301 NORTH SPRING STREET
City-St-Zip: BELLEFONTE, PA 16823

Title: CCO () Delete
Name: VANDEHEY, MARK
Address: 2 WORLD FIN CTR, 225 LIBERTY STREET
City-St-Zip: NEW YORK, NY 10281

Title: S () Delete
Name: APRILANTE, JANETTE
Address: 225 LIBERTY ST.
City-St-Zip: NEW YORK, NY 10281

Title: T () Delete
Name: KUNES, LAMAR
Address: 301 NORTH SPRING STREET
City-St-Zip: BELLEFONTE, PA 16823

Title: PCD () Delete
Name: MCKENZIE, CHARLES L
Address: 10 ST JAMES AVENUE
City-St-Zip: BOSTON, MA 02116

Title: D () Delete
Name: MURPHY, JOHN V
Address: 2 WORLD FIN CTR, 225 LIBERTY ST
City-St-Zip: NEW YORK, NY 10281

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PCD (X) Change () Addition
Name: MCKENZIE, CHARLES L
Address: 470 ATLANTIC AVENUE, 11TH FLOOR
City-St-Zip: BOSTON, MA 02210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANETTE APRILANTE

S

03/08/2007

Electronic Signature of Signing Officer or Director

_____ Date