

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002960

FILED
Apr 20, 2010
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
Name: GALL, BLAKE
Address: 301 NORTH SPRING STREET
City-St-Zip: BELLEFONTE, PA 16823

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

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

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

Title: PD
Name: LEAVY, CHRISTOPHER
Address: 225 LIBERTY STREET., 11TH FLOOR
City-St-Zip: NEW YORK, NY 10281

Title: D
Name: PFEFFER, DAVID
Address: 225 LIBERTY STREET, 11TH FLOOR
City-St-Zip: NEW YORK, NY 10281

I hereby 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 all other like empowered.

SIGNATURE: JANETTE APRILANTE

S

04/20/2010

Electronic Signature of Signing Officer or Director

_____ Date