

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004304

FILED
Jan 10, 2007
Secretary of State

Entity Name: TRINITY INTERNATIONAL UNIVERSITY CORPORATION

Current Principal Place of Business:

2065 HALF DAY ROAD
DEERFIELD, IL 60015

New Principal Place of Business:

Current Mailing Address:

2065 HALF DAY ROAD
DEERFIELD, IL 60015

New Mailing Address:

FEI Number: 36-2216176

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WAYBRIGHT, GREG
Address: 2065 HALF DAY ROAD
City-St-Zip: DEERFIELD, IL 60015

Title: S () Delete
Name: HSIEH, JEANETTE
Address: 2065 HALF DAY RD
City-St-Zip: DEERFIELD, IL 60015

Title: T () Delete
Name: PICHA, MICHAEL
Address: 2065 HALF DAY RD
City-St-Zip: DEERFIELD, IL 60015

Title: D () Delete
Name: KLEINSCHMIDT, BOB
Address: 2065 HALF DAY RD
City-St-Zip: DEERFIELD, IL 60015

Title: D () Delete
Name: HEARLE, ED
Address: 2065 HALF DAY RD
City-St-Zip: DEERFIELD, IL 60015

Title: D () Delete
Name: ED, SOLIDAY
Address: 2065 HALF DAY RD
City-St-Zip: DEERFIELD, IL 60015

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: D (X) Change () Addition
Name: DAHL, HOWARD
Address: 2065 HALF DAY RD
City-St-Zip: DEERFIELD, IL 60015

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. MICHAEL PICHA

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01/10/2007

Electronic Signature of Signing Officer or Director

Date