


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90275 002 \*\*\*150.00

**DOCUMENT # F97000005156**

1. Entity Name  
**TRICO PRODUCTS CORPORATION OF TENNESSEE, INC.**



Principal Place of Business: **8100 TRIDON DR. SMYRNA, TN 37167**

Mailing Address: **1551 WEWATTA ST MAIL CODE 90-A4 DENVER, CO 80202 US**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

**60041049**



03302005 Chg-P CR2E034 (10/03)

4. FEI Number: **62-1051193**

Applied For:  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM**  
**1200 S PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE: **DP**  Delete

NAME: **CERVELLI, RONALD J**

STREET ADDRESS: **3200 PARKER DR.**

CITY-ST-ZIP: **SAINT AUGUSTINE, FL 32084**

TITLE: \_\_\_\_\_  Change  Addition

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

TITLE: **VPT**  Delete

NAME: **DISSER, DANIEL J**

STREET ADDRESS: **4801 SPRINGFIELD ST.**

CITY-ST-ZIP: **DAYTON, OH 45431**

TITLE: **VPT**  Change  Addition

NAME: **Disser, Daniel J**

STREET ADDRESS: **6450 Poe Avenue, Suite 109**

CITY-ST-ZIP: **Dayton, OH 45414**

TITLE: **VP**  Delete

NAME: **KIRCHHOFF, GREGORY F**

STREET ADDRESS: **4801 SPRINGFIELD ST.**

CITY-ST-ZIP: **DAYTON, OH 45431**

TITLE: **VP**  Change  Addition

NAME: **Kirchhoff, Gregory F**

STREET ADDRESS: **6450 Poe Avenue, Suite 109**

CITY-ST-ZIP: **Dayton, OH 45414**

TITLE: **D**  Delete

NAME: **CARROLL, DAVID**

STREET ADDRESS: **100 KING ST. W. 6600 1 1ST CANADIAN PL.**

CITY-ST-ZIP: **TORONTO, ON M5X 1B8.**

TITLE: \_\_\_\_\_  Change  Addition

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

TITLE: **S**  Delete

NAME: **PAPPAYLIOU, GEORGE S**

STREET ADDRESS: **4801 SPRINGFIELD ST.**

CITY-ST-ZIP: **DAYTON, OH 45431**

TITLE: **S**  Change  Addition

NAME: **Pappayliou, George S**

STREET ADDRESS: **6450 Poe Avenue, Suite 109**

CITY-ST-ZIP: **Dayton, OH 45414**

TITLE: **ASTC**  Delete

NAME: **RUSK, DIANE M**

STREET ADDRESS: **1551 WEWATTA ST**

CITY-ST-ZIP: **DENVER, CO 80202**

TITLE: **AS**  Change  Addition

NAME: **Joseph C Procopio**

STREET ADDRESS: **1551 Wewatta Street**

CITY-ST-ZIP: **Denver, CO 80202**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joseph C. Procopio **Joseph C. Procopio** 4/16/05 (303) 744-4216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #