


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

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**

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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, 2008 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	DP CERVELLI, RONALD J 3200 PARKER DR. SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DISSER, DANIEL J 6450 POE AVE, STE 109 DAYTON, OH 45414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VEALE, JAMES 6450 POE AVE, STE 109 DAYTON, OH 45414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, DAVID 100 KING ST. W. 6600 1 1ST CANADIAN PL. TORONTO, ON M5X 1B8.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAPPAYLIOU, GEORGE S 6450 POE AVE, STE 109 DAYTON, OH 45414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PROCOPIO, JOSEPH C 1551 WEWATTA STREET DENVER, CO 80202

U00000835011
 02/29/08-80018-006 150.00

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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: Joseph C. Procopio / Joseph C. Procopio 2/1/08 303-744-4216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #