

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004580

Entity Name: TI TRAINING CORP.

FILED  
Jan 23, 2009  
Secretary of State

## Current Principal Place of Business:

14998 WEST 6TH AVE, SUITE 500  
GOLDEN, CO 80401

## New Principal Place of Business:

## Current Mailing Address:

14998 WEST 6TH AVE, SUITE 500  
GOLDEN, CO 80401

## New Mailing Address:

FEI Number: 11-3774326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARTRIDGE, NED  
1392 PHEASANT RUN  
ROCKLEDGE, FL 32955 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: P ( ) Delete  
Name: OTTE, GREG  
Address: 14998 W 6TH AVE, SUITE 500  
City-St-Zip: GOLDEN, CO 80112

Title: V ( ) Delete  
Name: BROWN, TODD  
Address: 14998 W 6TH AVE, SUITE 500  
City-St-Zip: GOLDEN, CO 80401

Title: S ( ) Delete  
Name: OTTE, KILA  
Address: 14998 W 6TH AVE, SUITE 500  
City-St-Zip: GOLDEN, CO 80401

Title: T ( ) Delete  
Name: MASON, JOE  
Address: 14998 W 6TH AVE  
City-St-Zip: GOLEN, CO 80401

## 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:

I hereby certify that the information supplied with this filing does not qualify 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: JOE MASON

TRES

01/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date