

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004304

Entity Name: TRINITY INTERNATIONAL UNIVERSITY CORPORATION**Current Principal Place of Business:**2065 HALF DAY ROAD
DEERFIELD, IL 60015**Current Mailing Address:**2065 HALF DAY ROAD
DEERFIELD, IL 60015**FEI Number:** 36-2216176**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title SECRETARY
Name GEGGIE, STEVEN
Address 2065 HALF DAY ROAD
City-State-Zip: DEERFIELD IL 60015

Title CHAIRMAN
Name NYBERG, NEIL
Address 2065 HALF DAY ROAD
City-State-Zip: DEERFIELD IL 60015

Title TREASURER
Name DOCKERY, JONATHAN
Address 2065 HALF DAY ROAD
City-State-Zip: DEERFIELD IL 60015

Title DIRECTOR
Name BRADISH, JUDY
Address 2065 HALF DAY ROAD
City-State-Zip: DEERFIELD IL 60015

Title DIRECTOR
Name WHEELER, PAUL
Address 2065 HALF DAY ROAD
City-State-Zip: DEERFIELD IL 60015

Title PRESIDENT
Name PERRIN, NICHOLAS
Address 2065 HALF DAY ROAD
City-State-Zip: DEERFIELD IL 60015

Title DIRECTOR
Name SPENCER, KENDALL L
Address 2065 HALF DAY ROAD
City-State-Zip: DEERFIELD IL 60015

Title DIRECTOR
Name DAHL, JONATHAN H
Address 2065 HALF DAY ROAD
City-State-Zip: DEERFIELD IL 60015

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

SIGNATURE: JONATHAN DOCKERY

TREASURE

01/30/2020

Electronic Signature of Signing Officer/Director Detail_____
Date**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	DAVIS, GEORGE B
Address	2065 HALF DAY ROAD
City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR
Name	FARONE, BRIAN
Address	2065 HALF DAY ROAD
City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR
Name	HAWN, STEVEN
Address	2065 HALF DAY ROAD
City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR
Name	KALLAM, JAMES
Address	2065 HALF DAY ROAD
City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR
Name	KOMPELIEN, KEVIN
Address	2065 HALF DAY ROAD
City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR
Name	MANG, PAUL Y
Address	2065 HALF DAY ROAD
City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR
Name	MCSPARRAN, MELODY
Address	2065 HALF DAY ROAD
City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR
Name	OLTHOFF, WILLIAM H
Address	2065 HALF DAY ROAD
City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR
Name	SECK, WAI-KWONG
Address	2065 HALF DAY ROAD
City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR
Name	SPENCER , KENDALL L
Address	2065 HALF DAY ROAD
City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR
Name	WEE, LAWRENCE

Title	DIRECTOR
Name	ETIENNE, PETER
Address	2065 HALF DAY ROAD
City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR
Name	HAROLD, ERIKA
Address	2065 HALF DAY ROAD
City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR
Name	JONES, BILL C
Address	2065 HALF DAY ROAD
City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR
Name	KLAUBER, MARTIN I
Address	2065 HALF DAY ROAD
City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR
Name	KYNES, WILLAIM
Address	2065 HALF DAY ROAD
City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR
Name	MCNAIR, CARL E
Address	2065 HALF DAY ROAD
City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR
Name	MOY, EDMUND C
Address	2065 HALF DAY ROAD
City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR
Name	SANDERSON, CARLA A
Address	2065 HALF DAY ROAD
City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR
Name	SOLIDAY, EDMOND
Address	2065 HALF DAY ROAD
City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR
Name	STIEFF, QUINTIN
Address	2065 HALF DAY ROAD
City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR
Name	WHITLOCK, LUDER
Address	2065 HALF DAY ROAD

Address 2065 HALF DAY ROAD
City-State-Zip: DEERFIELD IL 60015

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