

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000004304

**FILED**  
**Mar 18, 2019**  
**Secretary of State**  
**4493397834CC**

**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 CORNMAN, THOMAS  
Address 2065 HALF DAY ROAD  
City-State-Zip: DEERFIELD IL 60015

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

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

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

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

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

*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:** STEVEN GEGGIE

**CFO**

**03/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date