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: J. MICHAEL PICHA

CHIEF FINANCIAL OFFICER

01/23/2015

Date

Electronic Signature of Signing Officer/Director Detail

SIGNATURE:

### **Officer/Director Detail :**

Title	S	Title	т
Name	HSIEH, JEANETTE	Name	PICHA, MICHAEL
Address	2065 HALF DAY RD	Address	2065 HALF DAY RD
City-State-Zip:	DEERFIELD IL 60015	City-State-Zip:	DEERFIELD IL 60015
Title	D	Title	D
Name	- KLEINSCHMIDT, BOB	Name	DAHL, HOWARD
Address	2065 HALF DAY RD	Address	2065 HALF DAY RD
City-State-Zip:	DEERFIELD IL 60015	City-State-Zip:	DEERFIELD IL 60015
Title	D		
Name	THOR, CHARLES		
Address	2065 HALF DAY RD		
City-State-Zip:	DEERFIELD IL 60015		

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.

# Electronic Signature of Registered Agent

# Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

# 2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# F9600004304

### 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

Date