

2019 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	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