

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000009

**Entity Name:** TRI CAPITAL OF DELAWARE CORPORATION**Current Principal Place of Business:**4000 ISLAND BOULEVARD, PH2  
AVENTURA, FL 33160**Current Mailing Address:**P.O. BOX 186  
EAST BRUNSWICK, NJ 08816**FEI Number: 38-3792948****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	EVP, DIRECTOR
Name	LIEB, JAMES M
Address	P.O. BOX 186
City-State-Zip:	EAST BRUNSWICK NJ 08816

Title	DC
Name	TRUMP, EDDIE
Address	4000 ISLAND BOULEVARD, PH2
City-State-Zip:	AVENTURA FL 33160

Title	C
Name	TRUMP, JULIUS
Address	4000 ISLAND BOULEVARD, PH2
City-State-Zip:	AVENTURA FL 33160

Title	EVPS
Name	HIRSCH, MARK S
Address	41 MADISON AVE., SUITE 4101
City-State-Zip:	NEW YORK NY 10010

Title	AVP
Name	TORPEY, CARITE L
Address	P.O. BOX 186
City-State-Zip:	EAST BRUNSWICK NJ 08816

Title	ASST SECRETARY
Name	FELDMAN, RICHARD
Address	41 MADISON AVE SUITE 4101
City-State-Zip:	NEW YORK NY 10010

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

**SIGNATURE: CARITE L TORPEY****AVP****04/22/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date