

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000000956

**Entity Name:** TRICOR DIRECT, INC.**Current Principal Place of Business:**2491 WEHRLE DRIVE  
WILLIAMSVILLE, NY 14221**Current Mailing Address:**2491 WEHRLE DRIVE  
WILLIAMSVILLE, NY 14221 US**FEI Number:** 52-1234223**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST  
STE 4  
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	ASSISTANT SECRETARY
Name	HAUFSCHILD, JEFFREY M.
Address	6555 W. GOOD HOPE RD
City-State-Zip:	MILWAUKEE WI 53223

Title	SECRETARY, DIRECTOR
Name	GORMAN, ANDREW T.
Address	6555 W. GOOD HOPE RD
City-State-Zip:	MILWAUKEE WI 53223

Title	PRESIDENT, DIRECTOR
Name	SHALLER, RUSSELL
Address	6555 W. GOOD HOPE RD
City-State-Zip:	MILWAUKEE WI 53223

Title	VP, TREASURER, DIRECTOR
Name	THORNTON, ANN E.
Address	6555 W. GOOD HOPE RD
City-State-Zip:	MILWAUKEE WI 53223

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:** ANDREW T. GORMAN**SECRETARY****04/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date