

2022 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	DIRECTOR, PRESIDENT
Name	NAUMAN, J. MICHAEL
Address	6555 W. GOOD HOPE RD
City-State-Zip:	MILWAUKEE WI 53223

Title	VP, TREASURER, DIRECTOR
Name	PEARCE, AARON J.
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

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****04/18/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date