2019 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:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

Date

FILED Mar 20, 2019

Secretary of State

1142443094CC

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

NameBOLOGNINI, LOUISNameNAUMAN, J. MICHAELAddress2491 WEHRLE DRIVEAddress2491 WEHRLE DRIVE

City-State-Zip: WILLIAMSVILLE NY 14221 City-State-Zip: WILLIAMSVILLE NY 14221

Title DIRECTOR Title ASSISTANT TREASURER

NamePEARCE, AARON J.NameSTRANDE, MAGGIEAddress2491 WEHRLE DRIVEAddress2491 WEHRLE DRIVE

City-State-Zip: WILLIAMSVILLE NY 14221 City-State-Zip: WILLIAMSVILLE NY 14221

Title VP Title PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Name JOHNSON, KATHLEEN Name FELMER, THOMAS J.

Address 2491 WEHRLE DRIVE Address 2491 WEHRLE DRIVE

City-State-Zip: WILLIAMSVILLE NY 14221 City-State-Zip: WILLIAMSVILLE NY 14221

Title SECRETARY

Name BOLOGNINI, LOUIS T.

Address 2491 WEHRLE DRIVE

City-State-Zip: WILLIAMSVILLE NY 14221

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: LOUIS T. BOLOGNINI SECRETARY 03/20/2019