

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90032 013 ***150.00

DOCUMENT # 842628

1. Entity Name
TRI-SYSTEMS CORPORATION



Principal Place of Business
**5550 HERON PT DR
APT #1101
NAPLES, FL 34107 US**

Mailing Address
**1250 W. CENTRAL RD
APT #134
ARLINGTON HEIGHTS, IL 60005 US**

40010214



2. Principal Place of Business - No P.O. Box #
4790 ASTON GARDENS WAY

3. Mailing Address
4790 ASTON GARDENS WAY

Suite, Apt. #, etc.
APT # 215

Suite, Apt. #, etc.
APT # 215

01232007 Chg-P CR2E034 (12/06)

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number
31-0791737

Applied For
☐ Not Applicable

Zip
34109

Country
USA

Zip
34109

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOODNOUGH, BETTY
5550 HERON PT DR
#1101
NAPLES, FL 34107**

Name
BETTY GOODNOUGH

Street Address (P.O. Box Number is Not Acceptable)
4790 ASTON GARDENS WAY

APT # **215**

City
NAPLES

FL Zip Code
34109

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Betty Goodnoough*
Signature, typed or printed name of registered agent and fee if applicable.

2-3-07

DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PTS ☐ Delete
NAME
GOODNOUGH, BETTY
STREET ADDRESS
5550 HERON PT DR APT #1101
CITY - ST - ZIP
NAPLES, FL 34107

TITLE
PTS ☒ Change ☐ Addition
NAME
GOODNOUGH, BETTY
STREET ADDRESS
4790 ASTON GARDENS WAY-APT#215
CITY - ST - ZIP
NAPLES, FL 34109

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
VP ☐ Change ☒ Addition
NAME
GOODNOUGH, LAWRENCE T.
STREET ADDRESS
325 CHANNING AVE. - #113
CITY - ST - ZIP
PALO ALTO, CA 94301

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
VP ☐ Change ☒ Addition
NAME
GOODNOUGH, JOEL E.
STREET ADDRESS
1519 SHIRE CIRCLE
CITY - ST - ZIP
INVERNESS, IL 60067

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Betty Goodnoough Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-07

DATE

(239) 593-1149

DAYTIME PHONE #