

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 842628

FILED
Jan 20, 2009
Secretary of State

Entity Name: TRI-SYSTEMS CORPORATION

Current Principal Place of Business:

4790 ASTON GARDENS WAY
APT 215
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

4790 ASTON GARDENS WAY
APT 215
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 31-0791737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODNOUGH, BETTY
4790 ASTON GARDENS WAY
APT 215
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

GOODNOUGH, BETTY
4790 ASTON GARDENS WAY
APT 215
NAPLES, FL 34109 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: BETTY L GOODNOUGH

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: GOODNOUGH, BETTY
Address: 4790 ASTON GARDENS WAY APT 215
City-St-Zip: NAPLES, FL 34107

Title: VP () Delete
Name: GOODNOUGH, LAWRENCE T
Address: 325 CHANNING AVE #113
City-St-Zip: PALO ALTO, CA 94301

Title: VP () Delete
Name: GOODNOUGH, JOEL E
Address: 1519 SHIRE CIR
City-St-Zip: PALATINE, IL 60067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: GOODNOUGH, BETTY L
Address: 4790 ASTON GARDENS WAY APT 215
City-St-Zip: NAPLES, FL 34107

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GOODNOUGH, JOEL E
Address: 1519 SHIRE CIR
City-St-Zip: INVERNESS, IL 60067

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BETTY L GOODNOUGH

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date