

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 842628

FILED  
Jan 05, 2012  
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 L PRES  
4790 ASTON GARDENS WAY  
APT 215  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

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

Title: VP  
Name: GOODNOUGH, LAWRENCE T  
Address: 771 BUENA VISTA WEST AVENUE  
City-St-Zip: SAN FRANCISCO, CA 94117

Title: VP  
Name: GOODNOUGH, JOEL E  
Address: 1519 SHIRE CIR  
City-St-Zip: INVERNESS, IL 60067

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: BETTY L. GOODNOUGH

PRES

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date