


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2004 8:00 am**  
**Secretary of State**

07-15-2004 90003 039 \*\*\*550.00

<b>DOCUMENT # F02000002960</b>					
<b>1. Entity Name</b> TRINITY INVESTMENT MANAGEMENT CORPORATION					
<b>Principal Place of Business</b> 4067 GALLAGHER LOOP CASSELBERRY, FL 32707			<b>Mailing Address</b> 4067 GALLAGHER LOOP CASSELBERRY, FL 32707		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07062004    Chg-P    CR2E034 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 25-1951632	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION.SYSTEM. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> GALL, BLAKE <b>STREET ADDRESS</b> 301 NORTH SPRING STREET <b>CITY-ST-ZIP</b> BELLEFONTE, PA 16823 <input type="checkbox"/> Delete	<b>TITLE</b> President, Chairman, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> Charles L. McKenzie <b>STREET ADDRESS</b> 10 St. James Avenue <b>CITY-ST-ZIP</b> Boston, MA 02116				
<b>TITLE</b> VD <b>NAME</b> BISBEY, PATRICK <b>STREET ADDRESS</b> 301 NORTH SPRING STREET <b>CITY-ST-ZIP</b> BELLEFONTE, PA 16823 <input type="checkbox"/> Delete	<b>TITLE</b> Vice Chairman, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> Blake Gall <b>STREET ADDRESS</b> 301 North Spring Street <b>CITY-ST-ZIP</b> Bellefonte, PA 16823				
<b>TITLE</b> VS <b>NAME</b> PROPER, LORI <b>STREET ADDRESS</b> 301 NORTH SPRING STREET <b>CITY-ST-ZIP</b> BELLEFONTE, PA 16823 <input type="checkbox"/> Delete	<b>TITLE</b> Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> John V. Murphy <b>STREET ADDRESS</b> 2 World Financial Center; 225 Liberty Street <b>CITY-ST-ZIP</b> New York, NY 10281				
<b>TITLE</b> T <b>NAME</b> KUNES, LAMAR <b>STREET ADDRESS</b> 301 NORTH SPRING STREET <b>CITY-ST-ZIP</b> BELLEFONTE, PA 16823 <input type="checkbox"/> Delete	<b>TITLE</b> Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> Andrew Ruotolo <b>STREET ADDRESS</b> 2 World Financial Center; 225 Liberty Street <b>CITY-ST-ZIP</b> New York, NY 10281				
<b>TITLE</b> CD <b>NAME</b> SCHULTZ, DAVID C <b>STREET ADDRESS</b> 498 SEVENTH AVENUE <b>CITY-ST-ZIP</b> NEW YORK, NY 10018 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> Patrick Bisbey <b>STREET ADDRESS</b> 301 North Spring Street <b>CITY-ST-ZIP</b> Bellefonte, PA 16823				
<b>TITLE</b> DCEO <b>NAME</b> TUCKER, RICHARD <b>STREET ADDRESS</b> 10 ST JAMES AVENUE <b>CITY-ST-ZIP</b> BOSTON, MA 02116 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> James Glover <b>STREET ADDRESS</b> 301 North Spring Street <b>CITY-ST-ZIP</b> Bellefonte, PA 16823				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <i>Lori J. Proper</i> LORI J. PROPER    7/12/04    814-355-1000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

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