

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000730

Entity Name: TRISYN GROUP, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

13560 MORRIS ROAD
SUITE 4100
ALPHARETTA, GA 30004

New Principal Place of Business:

Current Mailing Address:

13560 MORRIS ROAD
SUITE 4100
ALPHARETTA, GA 30004

New Mailing Address:

FEI Number: 68-0560783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDIR () Delete
Name: GIANGIORDANO, GREGORY M
Address: 13560 MORRIS ROAD
City-St-Zip: ALPHARETTA, GA 30004

Title: SEC () Delete
Name: STEINER, BRAD
Address: 13560 MORRIS ROAD, SUITE 4100
City-St-Zip: ALPHARETTA, GA 30004

Title: TREA () Delete
Name: HENRY, MARK
Address: 13560 MORRIS ROAD, SUITE 4100
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC (X) Change () Addition
Name: STEINER, BRAD
Address: 550 COCHITUATE ROAD
City-St-Zip: FRAMINGHAM, MA 01701

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

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: MARK HENRY

TREA

04/30/2009

Electronic Signature of Signing Officer or Director

Date