

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002480

Entity Name: TRICENTURION, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

7909 PARKLANE RD., SUITE 190
COLUMBIA, SC 292235666

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100282
COLUMBIA, SC 292023282

New Mailing Address:

PO BOX 100282
COLUMBIA, SC 292023282

FEI Number: 20-0808661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: P () Delete
Name: BAHNEMANN, JOY
Address: 7909 PARKLANE RD, SUITE 190
City-St-Zip: COLUMBIA, SC 292235666

Title: VP () Delete
Name: MARTINEZ, MARIO
Address: 7909 PARKLAND ROAD, SUITE 190
City-St-Zip: COLUMBIA, SC 292235666

Title: S () Delete
Name: WHEELER, JEFF
Address: 7909 PARKLANE RD, SUITE 190
City-St-Zip: COLUMBIA, SC 292235666

Title: CO () Delete
Name: HORAN, CHRIS
Address: 7909 PARKLANE ROAD, SUITE 190
City-St-Zip: COLUMBIA, SC 292235666

Title: D () Delete
Name: BARBAR GAGEL TIRONE,
Address: 11212 APPALOOSA DRIVE
City-St-Zip: REISTERSTOWN, MD 21136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: STEVEN ELLIOTT

CFO

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date