

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000002549

1. Entity Name  
TRIVANTIS CORPORATION



Principal Place of Business  
433 PLAZA REAL, STE 375  
BOCA RATON, FL 33432

Mailing Address  
311 ELM STREET  
SUITE 200  
CINCINNATI, OH 45202

**FILED**  
**Aug 11, 2008 08:00 AM**  
**Secretary of State**



07162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-1667388**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PC  
BEECH, CHARLES J  
5100 POPLAR ST. SUITE 3112  
MEMPHIS, TN 38119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
LOUDERMILK, TIMOTHY D  
311 ELM ST, STE 200  
CINCINNATI, OH 45202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPF  
HORD, CHRISTOPHER W  
311 ELM ST, STE 200  
CINCINNATI, OH 45202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CSAD  
LOUDERMILK, TIMOTHY D  
311 ELM ST, STE 200  
CINCINNATI, OH 45202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROBINSON, MICHAEL  
40 S MAIN  
MEMPHIS, TN 38103

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROEDING, RICHARD L  
PO BOX 625737  
CINCINNATI, OH 452625737

000000357465  
08/11/08-80002-009 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER W HORD

7/14/08

Date

513-929-0188

Daytime Phone #