2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000003171

1. Entity Name

TRINITY WORKPLACE LEARNING CORPORATION



Principal Place of Business

SIGNATURE:

4101 INTERNATIONAL PARKWAY CARROLLTON, TX 75007-1907

Mailing Address

4101 INTERNATIONAL PARKWAY CARROLLTON, TX 75007-1907

FILED Apr 24, 2008 8:00 am Secretary of State

04-24-2008 90112 001 ***150.00

40000000



DO NOT WRITE IN THIS SPACE

4.	FEI Number	Applied For
	20-2556798	Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

No Chg-P

8. The above named entitle and 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 re							
	Signature, typed or printed name of registered agent and title if	applicat (NOTE: Registered	Agent signature required when reinsta	ating)	DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.			sing \$5.00 May Added to Fee				
10.	OFFICERS AND DIREC	TORS		y			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CAGAN, DENNIS 4101 INTERNATION PKWY CARROLLTON, TX 75007			•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COVP QUINN, PATRICK 4101 INTERNATION PKWY CARROLLTON, TX 75007						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLE, DOUG 4101 INTERNATIONAL PKWY CARROLLTON, TX 75007		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAGEN, DENNIS 4101 INTERNATIONAL PKWY CARROLLTON, TX 75007		· ! !	N THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOBE, WILLIAM 4101 INTERNATIONAL PKWY CARROLLTON, TX 75007			•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			er g	4-			
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 ap address, with all other like empowered.							