

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000006740

1. Entity Name
TIHM MEMBER CORP.



FILED
Sep 18, 2008 08:00 AM
Secretary of State

Principal Place of Business
725 FIFTH AVENUE, 26TH FLOOR
NEW YORK, NY 10022

Mailing Address
725 FIFTH AVENUE, 26TH FLOOR
NEW YORK, NY 10022



09112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5074158

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE 4
WESTON, FL 33331

**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 reinstating)

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	P
NAME	TRUMP, DONALD J
STREET ADDRESS	725 FIFTH AVENUE, 26TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	V
NAME	TRUMP, JR., DONALD J
STREET ADDRESS	725 FIFTH AVENUE, 26TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	V
NAME	WEISSELBERG, ALLEN
STREET ADDRESS	725 FIFTH AVENUE, 26TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	V
NAME	TRUMP, IVANKA
STREET ADDRESS	725 FIFTH AVENUE, 26TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	V
NAME	GREENBLATT, JASON D
STREET ADDRESS	725 FIFTH AVENUE, 26TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	S
NAME	GRAFF-RICCIO, RHONA
STREET ADDRESS	725 FIFTH AVENUE, 26TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022

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09/18/08-80001-022 550.00

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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 another like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/08

Date

(602) 832-2000

Daytime Phone #