

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000007859

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** TRISTATE FINANCIAL NETWORK INC.

**Current Principal Place of Business:**

2527 NELSON MILLER PKWY STE 107  
LOUISVILLE, KY 40223

**New Principal Place of Business:**

**Current Mailing Address:**

2527 NELSON MILLER PKWY STE 107  
LOUISVILLE, KY 40223

**New Mailing Address:**

**FEI Number:** 34-2054455

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17555 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: LEWANTOWICZ, MICHAEL R  
Address: 2527 NELSON MILLER PKWY STE 107  
City-St-Zip: LOUISVILLE, KY 40223

Title: VCV  
Name: LEWANTOWICZ, WNYOKA N  
Address: 2527 NELSON MILLER PKWY STE 107  
City-St-Zip: LOUISVILLE, KY 40223

I hereby 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 all other like empowered.

SIGNATURE: WNYOKA LEWANTOWICZ

VP

03/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date