

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000009

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: TI CAPITAL CORPORATION

**Current Principal Place of Business:**

4000 ISLAND BOULEVARD, PH2  
AVENTURA, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 186  
EAST BRUNSWICK, NJ 08816

**New Mailing Address:**

FEI Number: 38-3792948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: EVP  
Name: LIEB, JAMES M  
Address: P.O. BOX 186  
City-St-Zip: EAST BRUNSWICK, NJ 08816

Title: D  
Name: LIEB, JAMES M  
Address: P.O. BOX 186  
City-St-Zip: EAST BRUNSWICK, NJ 08816

Title: DC  
Name: TRUMP, EDDIE  
Address: 4000 ISLAND BOULEVARD, PH2  
City-St-Zip: AVENTURA, FL 33160

Title: C  
Name: TRUMP, JULIUS  
Address: 4000 ISLAND BOULEVARD, PH2  
City-St-Zip: AVENTURA, FL 33160

Title: EVPS  
Name: HIRSCH, MARK S  
Address: 245 5TH AVENUE, 19TH FLOOR  
City-St-Zip: NEW YORK, NY 10016

Title: AVP  
Name: TORPEY, CARITE L  
Address: P.O. BOX 186  
City-St-Zip: EAST BRUNSWICK, NJ 08816

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: JAMES LIEB

EVP

04/24/2012

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

\_\_\_\_\_  
Date