

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90237 038 \*\*\*150.00

**DOCUMENT # F97000006684**

1. Entity Name  
TRI-M COMMUNICATIONS, INC.



Principal Place of Business  
820 STATE STREET  
5TH FLOOR  
SANTA BARBARA, CA 93101

Mailing Address  
1720 WINDWARD CONCOURSE  
SUITE 250  
ALPHARETTA, GA 30005

**DO NOT WRITE IN THIS SPACE**



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number  
77-0458186

Applied For  
Not Applicable

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

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

TCS CORPORATE SERVICES, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	MARSH, JOHN D
STREET ADDRESS	820 STATE STREET
CITY-ST-ZIP	SANTA BARBARA, CA 93101
TITLE	SD
NAME	IRELAND, RON
STREET ADDRESS	820 STATE STREET
CITY-ST-ZIP	SANTA BARBARA, CA 93101
TITLE	VP
NAME	IRELAND, RON
STREET ADDRESS	820 STATE STREET
CITY-ST-ZIP	SANTA BARBARA, CA 93101
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

4/19/06 (805) 965-8620  
Date Daytime Phone #