2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# F97000006684

Entity Name: TRI-M COMMUNICATIONS, INC.

Current Principal Place of Business:

820 STATE STREET
5TH FLOOR
SANTA BARBARA, CA 93101

New Principal Place of Business:

Current Mailing Address:

3100 CUMBERLAND BLVD.
SUITE 900
ATLANTA, GA 30339

New Mailing Address:

FEI Number: 77-0458186 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PCFO	( ) Delete
Name:	IRELAND, RON	
Address:	820 STATE STREET, 5TH FLOOR	
City-St-Zip:	SANTA BARBARA, CA 93101	
Title:	VP	( ) Delete
Name:	LINARES, SARAH	
Address:	820 STATE STREET 5TH FLOOR	
City-St-Zip:	SANTA BARBARA, CA 93101	
Title:	TD	( ) Delete
Name:	MORTIZ, DENISE	
Address:	820 STATE STREET, 5TH FLOOR	
City-St-Zip:	SANTA BARBARA, CA 93101	
Title:	D	( ) Delete
Name:	IRELAND, RON	
Address:	820 STATE STREET 5TH FLOOR	
City-St-Zip:	SANTA BARBARA, CA 93101	
Title:	D	( ) Delete
Name:	MORITZ, DENISE	
Address:	820 STATE STREET 5TH FLOOR	
City-St-Zip:	SANTA BARBARA, CA 93101	
Title:	D	( ) Delete
Name:	KRUPICA, FRED	
Address:	820 STATE STREET 5TH FLOOR	
City-St-Zip:	SANTA BARBARA, CA 93101	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RON IRELAND PCFO 04/21/2009

Electronic Signature of Signing Officer or Director — Date