2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# F99000002881

Entity Name: TCA TRUSTCORP AMERICA, INC.

Current Principal Place of Business:

5301 WISCONSIN AVENUE, NW
WASHINGTON, DC 20015

New Principal Place of Business:

5301 WISCONSIN AVENUE, NW
SUITE 450
WASHINGTON, DC 20015

Current Mailing Address:

5301 WISCONSIN AVENUE, NW
WASHINGTON, DC 20015

New Mailing Address:

5301 WISCONSIN AVENUE, NW
SUITE 450
WASHINGTON, DC 20015

FEI Number: 52-1929696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	D	( ) Delete
Name:	DETMER, CHRISTOPHER	
Address:	1700 PENNSYLVANIA AVENUE, NW SUITE 700	
City-St-Zip:	WASHINGTON, DC 20006	
Title:	PC	( ) Delete
Name:	RUSSELL, WILLIAM	
Address:	5301 WISCONSIN AVENUE SUITE 450	
City-St-Zip:	WASHINGTON, DC 20015	
Title:	S	( ) Delete
Name:	RUSSELL, WILLIAM	
Address:	5301 WISCONSIN AVENUE SUITE 450	
City-St-Zip:	WASHINGTON, DC 20015	
Title:	D	( ) Delete
Name:	FERRIS, GEORGE	
Address:	1700 PENNSYLVANIA AVENUE, NW SUITE 700	
City-St-Zip:	WASHINGTON, DC 20006	
Title:	V	( ) Delete
Name:	MORGAN, MIKE	
Address:	5301 WISCONSIN AVENUE SUITE 450	
City-St-Zip:	WASHINGTON, DC 20015	
Title:	V	( ) Delete
Name:	PLESEA, STEFAN	
Address:	5301 WISCONSIN AVENUE SUITE 450	
City-St-Zip:	WASHINGTON, DC 20015	

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: WILLIAM T. RUSSELL P 04/29/2008

Electronic Signature of Signing Officer or Director — Date