

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G96823

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: TRICOR INTERNATIONAL CORPORATION

## Current Principal Place of Business:

100 EAST SYBELIA AVE  
SUITE 120  
MAITLAND, FL 32751 US

## New Principal Place of Business:

## Current Mailing Address:

100 EAST SYBELIA AVE  
SUITE 120  
MAITLAND, FL 32751 US

## New Mailing Address:

FEI Number: 59-2396733      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAGLE, MARC L.  
100 EAST SYBELIA AVE SUITE 120  
SUITE 200  
MAITLAND, FL 32751 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: VP ( ) Delete  
Name: KRUMM, WALTER T.,  
Address: 985 BETHEL ROAD  
City-St-Zip: COLUMBUS, OH

Title: TP ( ) Delete  
Name: HAGLE, MARC L.,  
Address: 100 EAST SYBELIA AVE SUITE 120  
City-St-Zip: MAITLAND, FL

Title: AS ( ) Delete  
Name: LANGFORD, SHARON  
Address: 100 EAST SYBELIA AVE., #120  
City-St-Zip: MAITLAND, FL

Title: AS ( ) Delete  
Name: POWERS, VIVIAN  
Address: 100 EAST SYBELIA AVE., #120  
City-St-Zip: MAITLAND, FL

## 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:

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: VIVIAN POWERS

AS

02/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date