2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K02649

FILED Jan 18, 2005 Secretary of State

Entity Name: TRUST INVESTMENT MANAGEMENT CORPORATION

Name and Address of Current Registered Agent: BROWNE, ROBERT W. 11610 TURTLE BEACH ROAD NORTH PALM BEACH, FL 33408 US The above named entity submits this statement for the purpose of changing its registered office or registered agen in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Title: () Change () Addition Name: Address: City-St-Zip: Title: VPT () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: VP () Delete Title: () Change () Addition Name: ANDREWS, CHARLES E Name: AN	
NoRTH PALM BEACH, FL 33408 Current Mailing Address: C/O ROBERT W. BROWNE 11610 TURTLE BEACH ROAD NORTH PALM BEACH, FL 33408 FEI Number 65-0019209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desi Name and Address of Current Registered Agent: Name and Address of New Registered Agent BROWNE, ROBERT W. 11610 TURTLE BEACH ROAD NORTH PALM BEACH, FL 33408 US The above named entity submits this statement for the purpose of changing its registered office or registered agen in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Date Fille: DPC () Delete Name: BROWNE, ROBERT W. Address: 11610 TURTLE BEACH ROAD NORTH PALM BEACH, FL 33408 US ADDITIONS/CHANGES TO OFFICERS AND D Title: VPT () Delete Name: BROWNE, ROBERT W. Address: City-St-Zip: No. PALM BEACH, FL 33408 US City-St-Zip: ROCKFORD, MI 49341 US City-St-Zip: ROCKFORD, MI 49341 US City-St-Zip: ROCKFORD, MI 49341 US City-St-Zip: GRAND RAPIDS, MI 49506 US City-St-Zip: Title: VP () Delete Name: Address: 2965 BONNEUL SE Address: 1131 CONLON, SE	iness:
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Name: BROWNE, JAMES R Name: Address: 3508 BEVERLY DR Address: City-St-Zip: DALLAS, TX 75205 US City-St-Zip:	inge()Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHARLES M BLOOM VPT 01/18/2005