

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K02649

FILED
Jan 12, 2009
Secretary of State

Entity Name: TRUST INVESTMENT MANAGEMENT CORPORATION

Current Principal Place of Business:

C/O ROBERT W. BROWNE
11610 TURTLE BEACH ROAD
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT W. BROWNE
11610 TURTLE BEACH ROAD
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 65-0019209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWNE, ROBERT W
11610 TURTLE BEACH ROAD
NORTH PALM BEACH, FL 33408 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: DPC () Delete
Name: BROWNE, ROBERT W
Address: 11610 TURTLE BEACH RD.
City-St-Zip: NO. PALM BEACH, FL 33408 US

Title: VPTS () Delete
Name: BLOOM, CHARLES M
Address: 8484 HERON VIEW DR N.E.
City-St-Zip: ROCKFORD, MI 49341 US

Title: SD () Delete
Name: DE BOER, JAMES N JR.
Address: 2965 BONNELL SE
City-St-Zip: GRAND RAPIDS, MI 49506 US

Title: VP () Delete
Name: ANDREWS, CHARLES E
Address: 1131 CONLON, SE
City-St-Zip: GRAND RAPIDS, MI 49506 US

Title: VPD () Delete
Name: BROWNE, JAMES R
Address: 4025 DRUID LANE
City-St-Zip: DALLAS, TX 75205 US

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:

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: CHARLES M BLOOM

VPTS

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date