2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N07000008095

Entity Name: TRISONS FOUNDATION, INC.

Current Principal Place of Business:

8171 MAPLE LAWN BLVD, SUITE 375
FULTON, MD 20759

New Principal Place of Business:

Current Mailing Address:

8171 MAPLE LAWN BLVD, SUITE 375
FULTON, MD 20759

New Mailing Address:

FEI Number: 26-0729957 **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 32301 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

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: BAINUM, ROBERTA
Address: 8171 MAPLE LAWN BLVD, SUITE 375
City-St-Zip: FULTON, MD 20759

Title: D ( ) Delete
Name: FROOM, ERIC
Address: 8171 MAPLE LAWN BLVD, SUITE 375
City-St-Zip: FULTON, MD 20759

Title: D ( ) Delete
Name: FROOM, RYAN
Address: 8171 MAPLE LAWN BLVD, SUITE 375
City-St-Zip: FULTON, MD 20759

Title: D ( ) Delete
Name: FROOM, ALEXANDER
Address: 8171 MAPLE LAWN BLVD, SUITE 375
City-St-Zip: FULTON, MD 20759

Title: SEC ( ) Delete
Name: SHREVE, CHRISTINE
Address: 8171 MAPLE LAWN BLVD. SUITE 375
City-St-Zip: FULTON, MD 20759

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: EVERETT, RACHEL
Address: 8171 MAPLE LAWN BLVD. SUITE 375
City-St-Zip: FULTON, MD 20759

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE A. SHREVE SEC 01/16/2009

Electronic Signature of Signing Officer or Director — Date