

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008095

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** TRISONS FOUNDATION, INC.

**Current Principal Place of Business:**

8171 MAPLE LAWN BLVD, SUITE 375  
FULTON, MD 20759

**New Principal Place of Business:**

8171 MAPLE LAWN BLVD, SUITE 375  
SUITE 375  
FULTON, MD 20759

**Current Mailing Address:**

8171 MAPLE LAWN BLVD, SUITE 375  
FULTON, MD 20759

**New Mailing Address:**

8171 MAPLE LAWN BLVD, SUITE 375  
SUITE 375  
FULTON, MD 20759

**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  
Name: BAINUM, ROBERTA  
Address: 8171 MAPLE LAWN BLVD, SUITE 375  
City-St-Zip: FULTON, MD 20759

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

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

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

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

Title: D  
Name: EVERETT, RACHEL  
Address: 8171 MAPLE LAWN BLVD. SUITE 375  
City-St-Zip: FULTON, MD 20759

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE A. SHREVE

SEC

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date