## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000003079

Entity Name: THE TRIESTER FOUNDATION, INC.

FILED Apr 09, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

1860 FOREST HILL BVLD STE 200 1860 FOREST HILL BVLD. WEST PALM BEACH, FL 33406

SUITE 200

WEST PALM BEACH, FL 33406

**Current Mailing Address: New Mailing Address:** 

111 PRESIDENTIAL BLVD STE 230 BALA CYNWYD, PA 19004

FEI Number: 59-3264585 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRIESTER, STANTON L TRIESTER, STANTON L 1860 FORÉST HILL BLVD STE 200 1860 FOREST HILL BLVD. WEST PALM BEACH, FL 33406 SUITE 200

WEST PALM BEACH, FL 33406 US

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: 04/09/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

TRIESTER, STANTON L Name: Name: 1860 FOREST HILL BLVD STE 200 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33406 US City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

Name: TRIESTER, SONIA C Name: TRIESTER, SONIA C

Address: 1860 FOREST HILL BLVD STE 200 Address: 1860 FOREST HILL BLVD STE 200 City-St-Zip: WEST PALM BEACH, FL 33406 US City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: DS () Delete Title: DS (X) Change ( ) Addition OBRIEN, KARIN E Name: OBRIEN, KARIN E Name:

111 LORING AVENUE Address: 610 VIA DE LA PAZ Address: City-St-Zip: PACIFIC PALISADES, CA 90272 US City-St-Zip: PELHAM, NY 10803 US

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: STANTON L. TRIESTER PT 04/09/2008