2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058038

2320 SHIPROCK WAY

COLORADO SPRINGS, CO 80919

Address: City-St-Zip:

Entity Name: TRIAMER INFORMATION SCIENCES, INCORPORATED

FILED Apr 28, 2009 Secretary of State

TRAWER IN ORWATION SCIENCES, INCORPORATED						
Current Principal Place of Business:			New Prin	New Principal Place of Business:		
	WHITE COL HER, FL 32					
Current Mailing Address:			New Mail	New Mailing Address:		
2015 BOB WHITE COURT MARY ESTHER, FL 32569				2320 SHIPROCK WAY COLORADO SPRINGS, CO 80919 US		
FEI Number:	20-4747731	FEI Number Applied For()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
RICHARD S. JOHNSON, P.A. 36008 EMERALD COAST PARKWAY SUITE 301 DESTIN, FL 32541 US				RICHARD S. JOHNSON, P.A. 126 N.E. EGLIN PARKWAY FORT WALTON BEACH, FL 32548 US		
The above in the State		y submits this statement for the p	ourpose of changing	its registe	red office or registered agent, or both,	
SIGNATURE:				04/28/2009		
	Electr	onic Signature of Registered Age	ent		Date	
Election Cam	npaign Financ	ing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CARTWRIGH 2015 BOB W	() Delete IT, JOEL W HITE COURT ER, FL 32569	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MOSIER, MIC 2320 SHIPRO		Title: Name: Address: City-St-Zip:	2320 SH	(X) Change () Addition URNE, ROBERT K IPROCK WAY IDO SPRINGS, CO 80919 US	
Title: Name:		(X) Delete NE. ROBERT K	Title: Name:		() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT K CHADBOURNE VP 04/28/2009