

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18828

FILED
Jan 08, 2007
Secretary of State

Entity Name: TRI-ARC FINANCIAL SERVICES, INC.

Current Principal Place of Business:

983 OLD EAGLE SCHOOL RD
SUITE 616
WAYNE, PA 19087 US

New Principal Place of Business:

Current Mailing Address:

983 OLD EAGLE SCHOOL RD
SUITE 616
WAYNE, PA 19087 US

New Mailing Address:

FEI Number: 23-2517668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: CD () Delete
Name: YOSKIN, JON W
Address: 1 BRIGHTIN AVE
City-St-Zip: HOBE SOUND, FL 33455

Title: TPD () Delete
Name: MAIDA, RICHARD C
Address: 516 IRONWOOD WAY
City-St-Zip: DRESHER, PA

Title: D () Delete
Name: HAMMER, FREDERICK
Address: 520 MEADOWBROOK CIRCLE
City-St-Zip: ST DAVIDS, PA

Title: SD (X) Delete
Name: GOLDSTEIN, WILLIAM
Address: 787 TREPANY LANE
City-St-Zip: WAYNE, PA 19087

Title: VD () Delete
Name: FISCHER, GLENN
Address: 10336 WETHERBURN RD.
City-St-Zip: WOODSTOCK, MD 21163

Title: VD () Delete
Name: SUHEY, STEPHEN
Address: 706 LARI DAWN
City-St-Zip: SAN ANTONIO, TX 78258

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
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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 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: RICHARD C MAIDA

TPD

01/08/2007

Electronic Signature of Signing Officer or Director

_____ Date