

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000078592

FILED
Apr 19, 2004
Secretary of State

Entity Name: YIELD MANAGEMENT TRICORP. INC.

Current Principal Place of Business:

537 SUNSET DR.
NOBLESVILLE, IN 46060

New Principal Place of Business:

Current Mailing Address:

537 SUNSET DR.
NOBLESVILLE, IN 46060 US

New Mailing Address:

FEI Number: 35-1972148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINN, DENNIS J M.
7310 WESTPOINTE BLVD., #624
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

QUINN, DENNIS J M.
1105 MAIN STREET
WINDERMERE, FL 34786 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: _____

04/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: QUINN, DENNIS J M
Address: 7310 WESTPOINTE BLVD., #624
City-St-Zip: ORLANDO, FL 32835

Title: PC () Delete
Name: WERKLEY, DAVID H
Address: 537 SUNSET DRIVE
City-St-Zip: NOBLESVILLE, IN

Title: VDST () Delete
Name: WHITE, EDWARD
Address: 14 GARY PLACE
City-St-Zip: HUNTINGTON, NY 11743

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID H. WERKLEY

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04/19/2004

Electronic Signature of Signing Officer or Director

Date