

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000078592

Entity Name: YIELD MANAGEMENT TRICORP. INC.

FILED  
Apr 28, 2005  
Secretary of State

## 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.  
1105 MAIN STREET  
WINDERMERE, FL 34786 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: 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

P

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date