

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000070051

Entity Name: TRIBRIDGE, INC.

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

4830 W KENNEDY BLVD SUITE 890
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4830 W KENNEDY BLVD SUITE 890
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3526660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTELLANO, NELSON ESQ.
101 E. KENNEDY BLVD
SUITE 2700
TAMPA, FL 33602 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: PD () Delete
Name: DEMING, BRIAN K
Address: 4915 TROYDALE RD.
City-St-Zip: TAMPA, FL 33615

Title: CD () Delete
Name: DIBENEDETTO, ANTHONY
Address: 3306 W SAN JOSE STREET
City-St-Zip: TAMPA, FL 33629

Title: VD () Delete
Name: HERDEGEN, MICHAEL J
Address: 9367 1ST STREET, NE
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D () Delete
Name: WALLACE, THOMAS E
Address: 4306 ZELAR ROAD
City-St-Zip: TAMPA, FL 33629

Title: D (X) Delete
Name: MUERER, WILLIAM J
Address: 16215 TALAVERA DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: D (X) Delete
Name: WEST, JOHN
Address: 16408 MILAN DE AVILA
City-St-Zip: TAMPA, FL 33613

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
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 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: BRIAN K DEMING

PRES

02/18/2009

Electronic Signature of Signing Officer or Director

Date