

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30168

**Entity Name:** TRELLANCE, INC.**Current Principal Place of Business:**7650 W. COURTNEY CAMPBELL CAUSEWAY  
SUITE 900  
TAMPA, FL 33607**Current Mailing Address:**7650 W. COURTNEY CAMPBELL CAUSEWAY  
SUITE 900  
TAMPA, FL 33607 US**FEI Number:** 59-2941216**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS, THOMAS A  
7650 W. COURTNEY CAMPBELL CAUSEWAY  
SUITE 900  
TAMPA, FL 33607 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name ZOOK, MARK  
Address 451 DIVISION STREET NE  
City-State-Zip: SALEM OR 97301

Title DIRECTOR  
Name SHANER, BARRY A.  
Address 5121 WHITEFORD ROAD  
City-State-Zip: SYLVANIA OH 43560

Title DIRECTOR  
Name O'CONNOR, CHRIS  
Address ONE RANDOLPH BROOKS PARKWAY  
City-State-Zip: LIVE OAK TX 78233

Title DIRECTOR  
Name CLOBES, APRIL  
Address 3777 WEST ROAD  
City-State-Zip: EAST LANSING MI 48823

Title DIRECTOR  
Name HAWKINS, VICKI  
Address 2845 DAVISON ROAD  
City-State-Zip: FLINT MI 48506

Title VC  
Name MURPHY, MIKE  
Address 1501 E. WOODFIELD ROAD  
City-State-Zip: SCHAUMBURG IL 60173

Title DIRECTOR  
Name WERNER, ROB  
Address 1500 SPRING GARDEN STREET  
SUITE 500  
City-State-Zip: PHILADELPHIA PA 19130

Title CEO, PRESIDENT  
Name DAVIS, THOMAS A  
Address 3031 N. ROCKY POINT DRIVE W  
SUITE 750  
City-State-Zip: TAMPA FL 33607

**Continues on page 2**

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER WHITBY**CFO****04/05/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                LEIS, TERRY  
Address             6568 S. RACINE CIRCLE  
City-State-Zip:    CENTENNIAL CO 80111  
  
Title                 DIRECTOR  
Name                WASSON, FRANK  
Address             930 TAHOE BLVD, STE 802-1188  
City-State-Zip:    INCLINE VILLAGE NV 89451

Title                 CFO  
Name                WHITBY, CHRISTOPHER P  
Address             7650 W. COURTNEY CAMPBELL  
                         CAUSEWAY  
                         SUITE 900  
City-State-Zip:    TAMPA FL 33607