

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000070051

Entity Name: TRIBRIDGE, INC.**Current Principal Place of Business:**4830 W KENNEDY BLVD SUITE 890
TAMPA, FL 33609**Current Mailing Address:**4830 W KENNEDY BLVD SUITE 890
TAMPA, FL 33609**FEI Number:** 59-3526660**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	PRESIDENT
Name	DEMING, BRIAN K
Address	4915 TROYDALE RD.
City-State-Zip:	TAMPA FL 33615

Title	TREASURER
Name	DIBENEDETTO, ANTHONY
Address	4830 W KENNEDY BLVD SUITE 890
City-State-Zip:	TAMPA FL 33609

Title	VP
Name	HERDEGEN, MICHAEL J
Address	1361 SNELL HARBOR DRIVE, NE
City-State-Zip:	ST. PETERSBURG FL 33704

Title	DIRECTOR
Name	WALLACE, THOMAS E
Address	4306 ZELAR ROAD
City-State-Zip:	TAMPA FL 33629

Title	AUTHORIZED SIGNER
Name	BOWLES, KENNETH
Address	4830 W KENNEDY BLVD SUITE 890
City-State-Zip:	TAMPA FL 33609

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

SIGNATURE: KENNETH BOWLES**AUTHORIZED SIGNER****04/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date