

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005830

Entity Name: NNN TRS, INC.**Current Principal Place of Business:**450 S. ORANGE AVENUE
SUITE 900
ORLANDO, FL 32801**Current Mailing Address:**450 S. ORANGE AVENUE
SUITE 900
ORLANDO, FL 32801 US**FEI Number:** 59-3672603**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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	EVP, TREAS. ASST. SEC.
Name	CHAO, VINCENT H.
Address	450 S. ORANGE AVE., SUITE 900
City-State-Zip:	ORLANDO FL 32801

Title	DIRECTOR, CEO, PRESIDENT
Name	HORN, STEPHEN A. JR.
Address	450 S. ORANGE AVENUE SUITE 900
City-State-Zip:	ORLANDO FL 32801

Title	EVP, SEC
Name	STEFFENS, GINA M.
Address	450 S. ORANGE AVENUE SUITE 900
City-State-Zip:	ORLANDO FL 32801

Title	SVP
Name	IANNONE, MICHAEL D
Address	450 S. ORANGE AVENUE SUITE 900
City-State-Zip:	ORLANDO FL 32801

Title	EVP
Name	MILLER, MICHELLE L
Address	450 S. ORANGE AVENUE SUITE 900
City-State-Zip:	ORLANDO FL 32801

Title	EVP
Name	ADAMO, JONATHAN A.
Address	450 S. ORANGE AVENUE SUITE 900
City-State-Zip:	ORLANDO FL 32801

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: GINA M. STEFFENS**EVP AND SECRETARY****04/09/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date