## 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007329

**Entity Name:** TRIDENT MARINE MANAGERS, INC.

**Current Principal Place of Business:** 

14425 TORREY CHASE BLVD.

SUITE 200

HOUSTON, TX 77014

**Current Mailing Address:** 

180 N. STETSON AVENUE

**SUITE 4600** 

CHICAGO, IL 60601 US

FEI Number: 76-0013106 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

**FILED** Mar 15, 2017

**Secretary of State** 

CC1435116257

Officer/Director Detail:

DIRECTOR, CO-PRESIDENT Title Title DIRECTOR, CO-PRESIDENT

Name HAYES, MARTIN Name JOHNSON, MIKE

Address 14425 TORREY CHASE BLVD. STE 200 Address 14425 TORREY CHASE BLVD., SUITE

SUITE 200

HOUSTON TX 77014 City-State-Zip: City-State-Zip: HOUSTON TX 77014

Title CONTROLLER Title ASSISTANT CONTROLLER

LAMB, CHERYL B Name ALVAREZ, JAN Name

14425 TORREY CHASE BLVD., SUITE 14425 TORREY CHASE BLVD. Address Address

HOUSTON TX 77014 City-State-Zip: HOUSTON TX 77014 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** RYAN, PATRICK G Name Name RICE, MICHAEL

180 N. STETSON AVENUE 180 N. STETSON AVENUE Address Address

**SUITE 4600 SUITE 4600** 

City-State-Zip: CHICAGO IL 60601 City-State-Zip: CHICAGO IL 60601

Title DIRECTOR, CHIEF OPERATING Title MANAGING DIRECTOR

**OFFICER** 

CHICAGO IL 60601

Address

City-State-Zip:

Name AIGOTTI, DIANE

WULLER, BENJAMIN MILES Name 180 N. STETSON AVENUE Address

180 N. STETSON AVENUE **SUITE 4600** 

**SUITE 4600** City-State-Zip: CHICAGO IL 60601

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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.

03/15/2017 SIGNATURE: IAN ACKERMAN SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title CHIEF HR OFFICER
Name PASCHAL, LISA

Name PASCHAL, LISA
Address 180 N. STETSON AVENUE

SUITE 4600

City-State-Zip: CHICAGO IL 60601

Title GLOBAL CONTROLLER
Name HOFFMANN, JOSEPH

Address 180 N. STETSON AVENUE

**SUITE 4600** 

City-State-Zip: CHICAGO IL 60601

Title TREASURER

Name BICKHAM, JEREMIAH

Address 180 N. STETSON AVENUE

**SUITE 4600** 

City-State-Zip: CHICAGO IL 60601

Title EXECUTIVE VICE PRESIDENT

Name MULSHINE, BRENDAN

Address 180 N. STETSON AVENUE

SUITE 4600

City-State-Zip: CHICAGO IL 60601

Title SECRETARY
Name ACKERMAN, IAN

Address 180 N. STETSON AVENUE

**SUITE 4600** 

City-State-Zip: CHICAGO IL 60601