

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000009

Entity Name: TRI CAPITAL OF DELAWARE CORPORATION

Current Principal Place of Business:

4000 ISLAND BOULEVARD, PH2
AVENTURA, FL 33160

Current Mailing Address:

P.O. BOX 186
EAST BRUNSWICK, NJ 08816

FEI Number: 38-3792948

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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, DIRECTOR
Name LIEB, JAMES M
Address 4000 ISLAND BOULEVARD, PH2
City-State-Zip: AVENTURA FL 33160

Title DC
Name TRUMP, EDDIE
Address 4000 ISLAND BOULEVARD, PH2
City-State-Zip: AVENTURA FL 33160

Title C
Name TRUMP, JULIUS
Address 4000 ISLAND BOULEVARD, PH2
City-State-Zip: AVENTURA FL 33160

Title EVPS
Name HIRSCH, MARK S
Address 4000 ISLAND BOULEVARD, PH2
City-State-Zip: AVENTURA FL 33160

Title AVP
Name TORPEY, CARITE L
Address 4000 ISLAND BOULEVARD, PH2
City-State-Zip: AVENTURA FL 33160

Title ASST SECRETARY
Name FELDMAN, RICHARD
Address 4000 ISLAND BOULEVARD, PH2
City-State-Zip: AVENTURA FL 33160

Title SVP
Name TRUMP, JOSHUA
Address 4000 ISLAND BOULEVARD, PH2
City-State-Zip: AVENTURA FL 33160

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: CARITE L TORPEY

AVP

04/25/2016

Electronic Signature of Signing Officer/Director Detail

Date