

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000009

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC3849321730**

**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        P.O. BOX 186  
City-State-Zip: EAST BRUNSWICK NJ 08816

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        41 MADISON AVE., SUITE 4101  
City-State-Zip: NEW YORK NY 10010

Title           AVP  
Name           TORPEY, CARITE L  
Address        P.O. BOX 186  
City-State-Zip: EAST BRUNSWICK NJ 08816

Title           ASST SECRETARY  
Name           FELDMAN, RICHARD  
Address        41 MADISON AVE  
                  SUITE 4101  
City-State-Zip: NEW YORK NY 10010

*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**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date