

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000005430

**Entity Name:** TRIOLGY RISK SPECIALISTS, INC**Current Principal Place of Business:**6000 POPLAR AVENUE, SUITE 300  
MEMPHIS, TN 38119**Current Mailing Address:**6000 POPLAR AVENUE, SUITE 300  
MEMPHIS, TN 38119**FEI Number: 47-2533047****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, CEO, DIRECTOR  
Name        ULMER, RICK  
Address     1901 6TH AVENUE  
              SUITE 1720  
City-State-Zip: BIRMINGHAM AL 35203

Title        DIRECTOR  
Name        CALDWELL, MARY KAY  
Address     6000 POPLAR AVENUE, SUITE 300  
City-State-Zip: MEMPHIS TN 38119

Title        DIRECTOR, SENIOR VICE PRESIDENT  
Name        STYLES, JODY  
Address     6000 POPLAR AVENUE, SUITE 300  
City-State-Zip: MEMPHIS TN 38119

Title        SECRETARY, SENIOR VICE  
              PRESIDENT, DIRECTOR  
Name        GARDNER, WILLIAM STEPHEN  
Address     6000 POPLAR AVENUE, SUITE 300  
City-State-Zip: MEMPHIS TN 38119

Title        TREASURER  
Name        MCDIVITT, DAVID  
Address     6000 POPLAR AVENUE, SUITE 300  
City-State-Zip: MEMPHIS TN 38119

*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: WILLIAM STEPHEN GARDNER****SECRETARY****04/28/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date