

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002881

Entity Name: TCA TRUSTCORP AMERICA, INC.**Current Principal Place of Business:**5301 WISCONSIN AVENUE, NW
SUITE 450
WASHINGTON, DC 20015**Current Mailing Address:**5301 WISCONSIN AVENUE, NW
SUITE 450
WASHINGTON, DC 20015**FEI Number: 52-1929696****Certificate of Status Desired:** Yes**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**Officer/Director Detail :**

Title	D
Name	THEODORE, URBAN
Address	13428 DONCASTER LANE
City-State-Zip:	COLESVILLE MD 20904
Title	S
Name	RUSSELL, WILLIAM
Address	5301 WISCONSIN AVENUE SUITE 450
City-State-Zip:	WASHINGTON DC 20015
Title	ASST. SECRETARY
Name	ADDIS, DEBORAH
Address	5301 WISCONSIN AVENUE SUITE 450
City-State-Zip:	WASHINGTON DC 20015

Title	PC
Name	RUSSELL, WILLIAM
Address	5301 WISCONSIN AVENUE SUITE 450
City-State-Zip:	WASHINGTON DC 20015
Title	D
Name	RINGHAM, WILLIAM
Address	60 SOUTH SIXTH STREET
City-State-Zip:	MINNEAPOLIS MN 55402
Title	V
Name	PLESEA, STEFAN
Address	5301 WISCONSIN AVENUE SUITE 450
City-State-Zip:	WASHINGTON DC 20015

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 RUSSELL**PRESIDENT****04/09/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date