

1.) CORPORATION NAME:

Trinity Consultants, Inc.

DUE DATE: **11/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CAPITOL CORPORATE SERVICES INC
10 S JEFFERSON ST STE 1400
ROANOKE, VA**

SCC ID NO: **F1880543**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	16,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12770 MERIT DR STE 900

CITY/ST/ZIP: DALLAS, TX 75251

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: JOHN E HOFMANN TITLE: PRESIDENT ADDRESS: 12770 MERIT DR STE 900 CITY/ST/ZIP/CO: DALLAS, TX 75251</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN P IWANSKI TITLE: PRESIDENT ADDRESS: 1S660 MIDWEST RD STE 250 CITY/ST/ZIP/CO: OAKBROOK TERRACE, IL 60181</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID LARSEN TITLE: TREASURER ADDRESS: 12770 MERIT DRIVE CITY/ST/ZIP/CO: SUITE 900 DALLAS, TX 75251</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ALEXANDER EARLS TITLE: DIRECTOR ADDRESS: ONE MARKET PLAZA, STEUART TOWER CITY/ST/ZIP/CO: 24TH FLOOR SAN FRANCISCO, CA 94105</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN GEISLER TITLE: DIRECTOR ADDRESS: ONE MARKET PLAZA CITY/ST/ZIP/CO: STEUART TOWER, 24TH FLOOR SAN FRANCISCO, CA 94105</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PAUL F GREYWALL TITLE: DIRECTOR ADDRESS: 12770 MERIT DR STE 900 CITY/ST/ZIP/CO: DALLAS, TX 75251</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS O'BRIEN DIRECTOR ONE MARKET PLAZA, STEUART TOWER 24TH FLOOR SAN FRANCISCO, CA 94105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICHOLAS ORUM DIRECTOR ONE MARKET PLAZA, STEUART TOWER 24TH FLOOR SAN FRANCISCO, CA 94105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER REGAN DIRECTOR 12770 MERIT DRIVE DALLAS, TX 75251	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID LARSEN	DAVID LARSEN, TREASURER	9/29/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			