

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90031 026 \*\*\*150.00

953073



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F00000005547**

1. Entity Name  
**GBS RETIREMENT SERVICES, INC.**

Principal Place of Business <b>ONE EXECUTIVE BOULEVARD          YONKERS NY 10701</b>	Mailing Address <b>ONE EXECUTIVE BOULEVARD          YONKERS NY 10701</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **13-3727333**

Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HINDERSTEIN, DAVID S ONE EXECUTIVE BOULEVARD YONKERS NY 10701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ROSENGREN, JOHN C ONE EXECUTIVE BOULEVARD YONKERS NY 10701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CLOHERTY, MICHAEL J ONE EXECUTIVE BOULEVARD YONKERS NY 10701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS GREB, CHRISTINE D ONE EXECUTIVE BOULEVARD YONKERS NY 10701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GALLAGHER, J. PATRICK JR. ONE EXECUTIVE BOULEVARD YONKERS NY 10701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christine D. Greb  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-5-01 Daytime Phone # 630/773-3800

CR2E034 (10/00)

DOCUMENT  
#55417  
933075

**GBS RETIREMENT SERVICES, INC.**  
**(Formerly Gallagher Benefit Services of New York, Inc.)**

**Incorporated :** New York  
**Date :** 08/19/93  
**% Ownership :** 100% Arthur J. Gallagher & Co.  
**Federal ID # :** 13-3727333

**CAPITAL STOCK:**

Common

Price/Par Value: \$1.00

Authorized: 1,000  
Outstanding: 1,000

**DIRECTORS:**

Michael J. Cloherty	Director
J. Patrick Gallagher, Jr.	Director
David S. Hinderstein	Director

**OFFICERS:**

David S. Hinderstein	President
John C. Rosengren	Vice President
Thomas J. Welling	Vice President
Michael J. Cloherty	Secretary
Christine D. Greb	Assistant Secretary

**Purpose of Business:**

Retirement Plans

**Primary Address:**

One Executive Boulevard  
Yonkers, NY 10701