


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90062 038 ***150.00

DOCUMENT # F00000005547			
1. Entity Name GBS RETIREMENT SERVICES, INC.			
Principal Place of Business TWO GANNETT DR 200 WHITE PLAINS, NY 10604		Mailing Address TWO PIERCE PL 23 ITASCA, IL 60143	
2. Principal Place of Business		3. Mailing Address TWO GANNETT DRIVE	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State		City & State WHITE PLAINS, NY	
Zip	Country	Zip	Country
10604	USA	10604	USA



03112005 Chg-P CR2E034 (10/03)

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	
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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINDERSTEIN, DAVID S 2 GANNETT DR WHITE PLAINS, NY 10604 <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	V ROSENGREN, JOHN C 2 GANNETT DR WHITE PLAINS, NY 10604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TWO PIERCE PLACE ITASCA, IL 60143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUTTS, DIANA F 2 GANNETT DR WHITE PLAINS, NY 10604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 130 E. WILSON BRIDGE RD, SUITE 310 WORTHINGTON, OH 43085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GREB, CHRISTINE D 2 GANNETT DR WHITE PLAINS, NY 10604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TWO PIERCE PLACE ITASCA, IL 60143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURKIN, JAMES W JR TWO PIERCE PL ITASCA, IL 60143 <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	D HINDERSTEIN, DAVID S TWO PIERCE PL ITASCA, IL 60143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 GANNETT DRIVE, SUITE 200 WHITE PLAINS, NY 10604

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR