

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005547

FILED  
Apr 19, 2010  
Secretary of State

Entity Name: GBS RETIREMENT SERVICES, INC.

**Current Principal Place of Business:**

TWO PIERCE PLACE  
ITASCA, IL 60143

**New Principal Place of Business:**

2 GANNETT DR  
SUITE 200  
WHITE PLAINS, NY 10604

**Current Mailing Address:**

TWO GANNETT DR  
STE 200  
WHITE PLAINS, NY 10604

**New Mailing Address:**

FEI Number: 13-3727333      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: AVP  
Name: COYNE, LISA A  
Address: TWO PIERCE PLACE  
City-St-Zip: ITASCA, IL 60143

Title: S  
Name: HANES-DOWD, APRIL  
Address: TWO PIERCE PL  
City-St-Zip: ITASCA, IL 60143

Title: VP  
Name: WASIKOWSKI, PAUL F  
Address: TWO PIERCE PLACE  
City-St-Zip: ITASCA, IL 60143

Title: DP  
Name: BUTTS, DIANA F  
Address: TWO PIERCE PL  
City-St-Zip: ITASCA, IL 60143

Title: D  
Name: DURKIN, JAMES W JR  
Address: TWO PIERCE PL  
City-St-Zip: ITASCA, IL 60143

Title: VP  
Name: CARAHER, JOHN J  
Address: TWO PIERCE PLACE  
City-St-Zip: ITASCA, IL 60143

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: LISA A. COYNE

AVP

04/19/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date