

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002740

**FILED**  
**Mar 13, 2011**  
**Secretary of State**

**Entity Name:** GBS INSURANCE AND FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

2228 BLACK ROCK TURNPIKE, #301  
FAIRFIELD, CT 06432

**New Principal Place of Business:**

2228 BLACK ROCK TURNPIKE  
SUITE 301  
FAIRFIELD, CT 06432

**Current Mailing Address:**

TWO PIERCE PLACE  
ITASCA, IL 60143

**New Mailing Address:**

**FEI Number:** 02-0631730

**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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: DURKIN, JAMES W JR.  
Address: TWO PIERCE PLACE  
City-St-Zip: ITASCA, IL 60143

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

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

Title: T  
Name: LAZZARO, JACK H.  
Address: TWO PIERCE PLACE  
City-St-Zip: ITASCA, IL 60143

Title: AVP  
Name: COYNE, LISA A  
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

03/13/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date