


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90022 022 ***150.00

DOCUMENT # F97000001387					
1. Entity Name GENERAL NUTRITION GOVERNMENT SERVICES, INC.					
Principal Place of Business 300 SIXTH AVENUE ATTN: TAX DEPT PITTSBURGH, PA 15222 US			Mailing Address 300 SIXTH AVENUE ATTN: TAX DEPT PITTSBURGH, PA 15222 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 25-1797015	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME MEYERS, MICHAEL K STREET ADDRESS 300 6TH AVENUE CITY-ST-ZIP PITTSBURGH, PA 15222	<input checked="" type="checkbox"/> Delete		TITLE P.D NAME MANCINI, LOUIS STREET ADDRESS 300 SIXTH AVENUE CITY-ST-ZIP PITTSBURGH PA 15222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DCFO NAME HEILMAN, DAVID R STREET ADDRESS 300 6TH AVENUE CITY-ST-ZIP PITTSBURGH, PA 15222	<input type="checkbox"/> Delete		TITLE D/CR/VP NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VSD NAME SANDER, JAMES M STREET ADDRESS 300 6TH AVENUE CITY-ST-ZIP PITTSBURGH, PA 15222	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME FOX, J. KENNETH STREET ADDRESS 300 6TH AVENUE CITY-ST-ZIP PITTSBURGH, PA 15222	<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"/> 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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					