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2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUN 25 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800104802778




06202007 Chg-P CR2E034 (12/06)

4. FEI Number **03-0467643** Applied For Not Applicable

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

DOCUMENT # P02000059771

1. Entity Name
GSI COMMERCE CALL CENTER, INC.



Principal Place of Business
**915 S. BABCOCK STREET
MELBOURNE, FL 32901 US**

Mailing Address
**935 FIRST AVENUE
ATTENTION: GENERAL COUNSEL
KING OF PRUSSIA, PA 19406**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

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

Amanda Roath
As its agent

SIGNATURE: *Amanda Roath* DATE: *June 25, 2007*

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

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RUBIN, MICHAEL G 935 FIRST AVENUE KING OF PRUSSIA, PA 19406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBIN, MICHAEL G. 935 FIRST AVE KING OF PRUSSIA, PA 19406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CONN, MICHAEL R 935 FIRST AVENUE KING OF PRUSSIA, PA 19406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATALDO, PAUL D. 935 FIRST AVE KING OF PRUSSIA, PA 19406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MILLER, ARTHUR H 935 FIRST AVENUE KING OF PRUSSIA, PA 19406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miller, Arthur H. 935 First Ave. King of Prussia, Pa 19406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BLYSKAL, ROBERT J 935 FIRST AVENUE KING OF PRUSSIA, PA 19406 <input checked="" 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	EVP WJESTHOFF, ROBERT 935 FIRST AVENUE KING OF PRUSSIA, PA 19406 <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 exemptions contained in Chapter 119, 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: *Arthur H. Miller* **Exec. V.P.** Date: *6/21/07* Phone: *610-491-7005*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CORPORATION SERVICE COMPANY

2 of 2

ACCOUNT NO. : 072100000032
REFERENCE : 964099 5172752
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 558.75

ORDER DATE : June 22, 2007
ORDER TIME : 9:08 AM
ORDER NO. : 964099-005
CUSTOMER NO: 5172752

ANNUAL REPORT FILING

NAME: GSI COMMERCE CALL CENTER, INC.

RECEIVED
07 JUN 25 AM 11:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Roath-EXT#2955

EXAMINER'S INITIALS: _____