

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000033111

FILED  
Feb 23, 2011  
Secretary of State

Entity Name: GMRI CANADA, INC.

**Current Principal Place of Business:**

1000 DARDEN CENTER DRIVE  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 695019  
ORLANDO, FL 32869

**New Mailing Address:**

FEI Number: 59-3312030      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATE SERVICE COMPANY  
1201 HAYS ST.  
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: D  
Name: CAMPBELL, LAWRENCE W  
Address: 1000 DARDEN CENTER DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: P/T  
Name: WHITE, WILLIAM R III  
Address: 1000 DARDEN CENTER DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: V  
Name: RICHMOND, C. BRADFORD  
Address: 1000 DARDEN CENTER DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: S  
Name: WENTZ, DOUGLAS E  
Address: 1000 DARDEN CENTER DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: AT  
Name: WALKER, ANTHONY  
Address: 1000 DARDEN CENTER DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: AT  
Name: SIMMONS, ANGELA  
Address: 1000 DARDEN CENTER DRIVE  
City-St-Zip: ORLANDO, FL 32837

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: ANGELA SIMMONS

AT

02/23/2011

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

\_\_\_\_\_ Date