

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000032092

Entity Name: GTW CORP.**Current Principal Place of Business:**145 SOUNDINGS AVENUE
SUITE 200
JUPITER, FL 33477**Current Mailing Address:**2507 POST ROAD
2ND FLOOR
SOUTHPORT, CT 06890 US**FEI Number:** 26-4751167**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUBMAN, CHRISTOPHER J
145 SOUNDINGS AVENUE
SUITE 200
JUPITER, FL 33477 US*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**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR
Name WOODS, ELDRICK T
Address 145 SOUNDINGS AVENUE
SUITE 200
City-State-Zip: JUPITER FL 33477

Title VP ADMINISTRATION
Name BATTAGLIA, KATHRYN
Address 145 SOUNDINGS AVENUE
SUITE 200
City-State-Zip: JUPITER FL 33477

Title ASSISTANT SECRETARY
Name SCACCHIA, RITA M
Address 2507 POST ROAD
City-State-Zip: SOUTHPORT CT 06890

Title CHIEF FINANCIAL OFFICER,
TREASURER
Name HUBMAN, CHRISTOPHER J
Address 145 SOUNDINGS AVENUE
SUITE 200
City-State-Zip: JUPITER FL 33477

Title SECRETARY
Name WOODS, KULTIDA
Address 145 SOUNDINGS AVENUE
SUITE 200
City-State-Zip: JUPITER FL 33477

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: RITA M. SCACCHIA**ASST. SECRETARY****03/15/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date