

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000023276

Entity Name: GICS INC.

Current Principal Place of Business:

222 PLANTATION ROAD
PALM BEACH, FL 33480

Current Mailing Address:

C/O GREGORY E. YOUNG
P.O. BOX 3106
PALM BEACH, FL 33480 US

FEI Number: 37-1753120

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 DIRECTOR, PRESIDENT

Name RAGAZZI, CECILIA

Address VIALE GENO 5

City-State-Zip: COMO 22100

Title DIRECTOR, VP

Name RAGAZZI, GIACOMO

Address VIA VOLTA 63

City-State-Zip: CASSINA RIZZARDI 22070

Title DIRECTOR, SECRETARY,
TREASURER

Name RAGAZZI, FRANCESCO

Address VIALE REGINA MARGHERITA 11

City-State-Zip: MONZA 20900

Title DIRECTOR, PRESIDENT

Name RAGAZZI, CECILIA

Address VIA TRENTO 11

City-State-Zip: CERNOBBIO COMO 22101

Title DIRECTOR, VP

Name RAGAZZI, GIACOMO

Address VIA VOLTA 63

City-State-Zip: CASSINA RIZZARDI 22070

Title DIRECTOR, SECRETARY,
TREASURER

Name RAGAZZI, FRANCESCO

Address VIALE REGINA MARGHERITA 11

City-State-Zip: MONZA 20900

Title AUTHORIZED SIGNATORY

Name YOUNG, GREGORY E

Address C/O SQUIRE PATTON BOGGS (US)
LLP
777 S. FLAGLER DR. 1900W PHILLIPS
POINT

City-State-Zip: WEST PALM BEACH FL 33401

Title AUTHORIZED SIGNATORY

Name YOUNG, GREGORY

Address P.O. BOX 3106

City-State-Zip: PALM BEACH FL 33480

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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: GREGORY YOUNG

AUTHORIZED
SIGNATORY

03/24/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, DIRECTOR

Name RAGAZZI, WALTER

Address VIA DELLE GINESTRE 24

City-State-Zip: VACALLO 6833