

**2017 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 833525

**Entity Name:** G-A-I CONSULTANTS, INC.

**Current Principal Place of Business:**

385 EAST WATERFRONT DR.  
HOMESTEAD, PA 15120-5005

**Current Mailing Address:**

385 EAST WATERFRONT DR.  
HOMESTEAD, PA 15120-5005 US

**FEI Number:** 25-1260999

**Certificate of Status Desired:** No

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

NATIONAL CORPORATE RESEARCH,LTD.,INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
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            PRESIDENT/CEO  
Name            DEJIDAS, GARY M  
Address        385 EAST WATERFRONT DRIVE  
City-State-Zip: HOMESTEAD PA 15120

Title            VP  
Name            PALVISAK, KARL S  
Address        385 EAST WATERFRONT DRIVE  
City-State-Zip: HOMESTEAD PA 15120

Title            EVP  
Name            MORROCCO, ANTHONY F  
Address        385 E WATERFRONT DRIVE  
City-State-Zip: HOMESTEAD PA 15120

Title            SR VP  
Name            NETTUNO, GREGORY T  
Address        1301 RIVERPLACE BLVD  
                  STE 900  
City-State-Zip: JACKSONVILLE FL 32207

Title            VP  
Name            LEADBETTER, KEVIN  
Address        1301 RIVERPLACE BLVD  
City-State-Zip: JACKSONVILLE FL 32207

Title            VP  
Name            SCHANCK, ROBERT  
Address        618 E SOUTH STREET  
                  700  
City-State-Zip: ORLANDO FL 32801

Title            SR VP  
Name            GOULD, STEPHEN  
Address        385 EAST WATERFRONT DR.  
City-State-Zip: HOMESTEAD PA 15120-5005

*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:** GARY DEJIDAS

**PRESIDENT AND CEO**

**04/03/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date