

2019 FOREIGN PROFIT CORPORATION 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: Yes

Name and Address of Current Registered Agent:

COGENCY GLOBAL 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 CEO, CHAIRMAN
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 PRESIDENT
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

Title VP
Name LEO, KATHLEEN
Address 618 E SOUTH STREET
STE 700
City-State-Zip: ORLANDO FL 32801

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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: KARL PALVISAK

VP AND CFO

01/04/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name MAKLED, ALEX
Address 618 E SOUTH ST
STE 700
City-State-Zip: ORLANDO FL 32801

Title VP
Name SECHLER, PETER
Address 618 E SOUTH ST
STE 700
City-State-Zip: ORLANDO FL 32801